

### Instructions

- **How to monitor your petition** - Residency Reclassification Petitions must be monitored online at <https://one.uf.edu/> → Student Self Service → My Record → Petition Status.  
**All requests for additional documentation and decisions, including final decisions, will be posted here.** It is recommended students monitor their one.uf account every week until a request or a decision is posted. Review begins after the drop/add period ends for the applicable term and these petitions are reviewed on a first come first serve basis. The timely manner in which your decision is posted depends on the amount of petitions received and the date of your submission. If submitted by the deadline, your decision will be posted sometime during the applicable term. If your petition is approved after the fee payment deadline you will receive a refund for the out-of-state fees.
- **How to submit your petition** – Please use the following path to review the deadline for submitting your residency reclassification petition, <http://www.registrar.ufl.edu/> → Academic Calendars → Click on the applicable term. Applications submitted after the deadline require a written explanation for the late submission and may be deemed ineligible for review. Students may only apply for residency reclassification for a term in which they are currently enrolled. Residency reclassification cannot be applied retroactively to previous terms. Student's UFIDs should be written on the top right hand corner of ALL supporting documents. Students should keep a copy of all submitted residency documents for their personal records and for resubmission if necessary. Please be aware, residency documents should not be submitted by email. All residency documents must have a hard copy mailed or personally delivered to the following address, **The Office of the University Registrar, 222 Criser Hall, P.O. Box 114000, Gainesville, FL 32611-4000.**
- **How to review the requirements for establishing Florida residency for tuition purposes** – All residency reclassification determinations are made pursuant to the Florida State Statute 1009.21, Board of Education Rule 6A-10.044, and Florida Board of Governors regulation 7.005. See additional information at <https://www.floridashines.org/> → Go To College → Pay for College → Learn more about the Guidelines on Florida Residency for Tuition Purposes.

### Guidelines and Standards

- If the student is an independent, they are the claimant and should provide their own residency documents for this Residency Declaration. If the student is a dependent, the spouse, parent, or legal guardian is the claimant and they should provide their residency documents, not the student's, for this residency declaration.
- The claimant must establish and maintain a legal Florida residence for at least 12 months prior the first day of classes in the semester for which in-state residency status is sought. The 12 month qualifying period requires documentary evidence as requested by the appropriate university official. Examples of relevant documentation may be found on this residency reclassification request form.
- It is possible to be a "legal resident" of Florida and also not qualify as a "resident for tuition purposes". A "legal resident" is a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to Florida State Statute 222.17. However, a "resident for tuition purposes" is a person who qualifies as provided in the Florida State Statute 1009.21 for the in-state tuition rate.
- Information contained in this document in no way supersedes or replaces Florida State Statute 1009.21, Board of Education Rule 6A-10.044, and/or the Board of Governors Rule 7.005. This document is provided merely as an informational resource only.

UFID \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Indicate the Term & Year your Residency Reclassification is for:

Year: \_\_\_\_\_

Term: (**check only one of the following**) Fall \_\_\_ Spring \_\_\_ Summer A/C \_\_\_ Summer B \_\_\_

Have you previously applied for a change of residency? If yes, what term? \_\_\_\_\_ First term at UF: \_\_\_\_\_

Have you resided outside of Florida when not enrolled? \_\_\_\_\_ If yes, you must attach a written explanation.

Have you been enrolled as a full time student in the previous 12 month period? \_\_\_\_\_

Are you a US citizen? \_\_\_\_\_ Are you a permanent resident alien or a legal alien granted indefinite stay by DHS? \_\_\_\_\_  
 (Required: Copy of both sides of alien registration card or verification of visa status from Bureau of Naturalization and Immigration Services. Eligible visa categories: A, E, G, H-1, H-4, I, K 1-4, L, N, O-1, O-3, R, TN/TD, NATO 1-7, asylees, parolees or refugees.)

Alien Registration Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_

**Dependent/Independent Status** (Check one category)

- Dependent: a person for whom 50 percent or more of his/her financial support is provided by another as defined by the federal tax law.
- Independent: a person who provides more than 50 percent of his/her own financial support.
- I am an independent person and have maintained legal residence in Florida for at least 12 months (**Required:** copy of your most recent tax return and a copy of your parent's most recent tax return if you are under 24 years of age).
- I am a dependent person. My parent or legal guardian has maintained legal residence in Florida for at least 12 months (**Required:** copy of your parent or legal guardian's most recent tax return).
- I am married to a person who has maintained legal residence in Florida for at least 12 months. (**Required:** copy of marriage certificate, claimant's legal documents and student's legal documents).

(Please provide copies of as many of the following documents as possible. If you have applied for reclassification in a previous term, you do not need to resubmit copies of previously submitted supporting documentation.)

**Documentation:**

- |                                                                                                                  |                  |
|------------------------------------------------------------------------------------------------------------------|------------------|
| <input type="checkbox"/> Florida driver's license or Florida ID Card ( <b>required:</b> copy of license or card) | Issue Date _____ |
| <input type="checkbox"/> Florida vehicle registration ( <b>required:</b> copy of registration)                   | _____            |
| <input type="checkbox"/> Florida voter's registration ( <b>required:</b> copy of registration)                   | _____            |
| <input type="checkbox"/> Purchase primary Florida home ( <b>required:</b> copy of deed or mortgage)              | _____            |
| <input type="checkbox"/> Homestead exemption ( <b>required:</b> copy of homestead exemption)                     | _____            |
| <input type="checkbox"/> Full or part-time employment ( <b>required:</b> employer verification)                  | _____            |
| <input type="checkbox"/> Graduate assistantship ( <b>required:</b> letter of appointment with percent of FTE)    | _____            |

**Additional Documentation:**

- |                                                                                                        |                  |
|--------------------------------------------------------------------------------------------------------|------------------|
| <input type="checkbox"/> Lease for apartment/house ( <b>required:</b> copy of lease agreement)         | Issue Date _____ |
| <input type="checkbox"/> Declaration of domicile ( <b>required:</b> copy of declaration)               | _____            |
| <input type="checkbox"/> Florida professional/occupational license ( <b>required:</b> copy of license) | _____            |
| <input type="checkbox"/> Florida incorporation ( <b>required:</b> corporate verification)              | _____            |
| <input type="checkbox"/> Membership in Florida organizations ( <b>required:</b> proof of membership)   | _____            |
| <input type="checkbox"/> Documents evidencing immediate family (parents or children) in Florida        | _____            |

Are there other documents that you feel support your case? If so, attach copies and list here: \_\_\_\_\_

**Exceptions and Qualifications**

**If you meet the requirements for one of the following exceptions, please check the box next to the exception and attach the required documentation listed below.**

- Persons who are enrolled as Florida residents for tuition purposes at a Florida public institution of higher education, but who abandon Florida domicile and then re-enroll in Florida within 12 months of the abandonment – provided that he/she continuously maintains the re-established domicile during the period of enrollment. (This benefit only applies one time.) [s.1009.21(9), F.S.] (Required: Copy of enrolment verification or official transcript.)
- Active duty members of the Armed Services of the United States residing or stationed in Florida (and spouse/dependent children); active drilling members of the Florida National Guard; or military personnel not stationed in Florida whose home of record or state of legal residence certificate, DD Form 2058, is Florida (and spouse/dependent children). [s.1009.21(10)(a), F.S.] (Required: DD Form 2058.)
- Active duty members of the Armed Services of the United States and their spouses/dependent children attending public college or university within 50 miles of the military establishment where they are stationed, if such military establishment is within a county contiguous to Florida. [s.1009.21(10)(b), F.S.] (Required: Copy of military orders.)
- United States citizens living on the Isthmus of Panama, who have completed 12 consecutive months of college work at the Florida State University Panama Canal Branch, and their spouses and dependent child. [1009.21(10)(c), F.S.] (Required: Copy of enrollment certification and marriage certificate or proof of dependency.)
- Full time instructional and administrative personnel employed by the State public school system and institutions of higher education as defined in [s.1009.21(10)(d), F.S.] (and spouse/dependent children). (Required: Copy of employment verification.)
- Students from Latin America and the Caribbean who receive scholarships from the federal or state government. The student must attend, on a full-time basis, a Florida institution of higher education. [s. 1009.21(10)(e), F.S.] (Required: Copy of scholarship papers and residency status form from the UF international center.)
- Southern Regional Education Board's Academic Common Market graduate students attending Florida's state universities. [s. 1009.21(10)(f), F.S.] (Required: Certification letter from state coordinator.)
- Full-time employee of state agencies or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. [s. 1009.21(10)(g), F.S.] (Required: Copy of employment verification.)
- McKnight Doctoral Fellows and Finalists who are United States Citizens. [s. 1009.21(10)(h), F.S.] (Required: Verification from Graduate Studies.)
- United States citizens living outside the United States who is teaching at a Department of Defense Dependent School or in an American International School and who enroll in a graduate level education program which leads to a Florida teaching certificate. [s. 1009.21(10)(i), F.S.] (Required: Copy of enrollment verification or official transcript.)
- Active duty members of the Canadian military residing or stationed in this state under the North American Air Defense (NORAD) agreement, and their spouses and dependent children, attending a public community college or university within 50 miles of the military establishment where they are stationed. [s. 1009.21(10)(j), F.S.] (Required: Copy of military orders.)
- Active duty members of a foreign nation's military who are serving as liaison officers and are residing or stationed in this state, and their spouses and dependent children, attending a Florida College System institution or state university within 50 miles of the military establishment where the foreign liaison officer is stationed. [s. 1009.21(10)(k), F.S.]
- I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s. 1009.98, F.S.). (Required: Copy of Florida prepaid ID card.)

**Note: Only students under the age of 24 claiming independent status are required to complete this financial statement to support their claim of "independent" status. Attach additional financial documentation as necessary.**

Were you claimed as a dependent on your parent or legal guardian's Federal and/or State (if applicable) Tax Returns for the preceding calendar year?

Yes  No (Copies of your tax returns and your parents' tax returns are required).

Did you receive any type of financial aid (e.g. student loans, grants, scholarships, etc.) for the preceding academic year?

Yes  No (If yes, you must provide proof of your accepted financial aid).

**Please complete the following section regarding your sources of support/income:**

**Employment income:** (Identify name of employer, dates of employment, rate of pay, and number of hours per week)

Name of Employer	Employment Dates	Rate of Pay	Hours per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please list any Financial Aid, Loans, Grants, and/or Scholarships below.**

**Financial Aid:** (Identify source of aid, academic year of award, and amount of award)

Source (loan, grant, scholarship, etc.)	Academic Year	Amount Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Sources of Support:**

Source	Amount	Method of Payment (Lump sum, mo. payments)
Trust Fund/Inheritance	_____	_____
Other (Indicate source in space provided)	_____	_____
Other (Indicate source in space provided)	_____	_____

**Please provide a summary of your income/assets and costs/expenses for the last twelve months:**

	Income/Assets		Costs/Expenses
Employment	_____	Rent/Mortgage	_____
Private Financial Aid	_____	Utilities	_____
Other	_____	Tuition	_____
	_____	Food	_____
	_____	Medical	_____
	_____	Other	_____
Total	_____	Total	_____

**RESIDENCY DECLARATION**

I, the undersigned, hereby declare that I understand and agree to the information listed on this document for establishing Florida residency for tuition purposes. I affirm the authenticity of the information provided on this document and the supporting documentation for this Residency Declaration. I understand that any false or misleading information on this Residency Declaration, or provided in support of this Residency Declaration, will subject me to penalties pursuant to Florida Statute 837.06, for making a false statement. I give permission for the institution to examine any and all documents and records, including those accessible electronically and/or public records, which may assist in the evaluation of my status as a Florida resident for tuition purposes. I understand that additional documentation, other than what is prescribed on this document, may be requested and all documentation provided is subject to verification. **I am also aware no single piece of evidence will be considered conclusive when claiming Florida residency for tuition purposes and evidence of legal ties to another state may result in denial of Florida residency for tuition purposes.**

**Note:**

**Independent** – If the student is claiming they are an independent they must fill out the student and claimant information below while also providing their residency documents for this Residency Declaration.

**Dependent** – If the student is claiming they are a dependent they only need to fill out the student information. The spouse, parent, or legal guardian must fill out the claimant information while also providing their residency documents, not the student’s residency documents, for this Residency Declaration.

**Student:**

Student Name: (Please Print) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Claimant:**

Claimant Name: (Please Print) \_\_\_\_\_

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Claimant’s Relationship to Student: (If applicable) \_\_\_\_\_

Claimant’s Address: \_\_\_\_\_

Claimant’s Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Claimant began establishing legal FL residence: \_\_\_\_\_