

RESIDENCY RECLASSIFICATION FORM

If you were initially classified as a non-Florida resident for tuition purposes at the University of West Florida, you may request consideration for reclassification to Florida resident status for tuition purposes. Reclassification requires you, or if you are a dependent, your parent/guardian, to present clear and convincing documentation that supports permanent legal residency in Florida for the past 12 consecutive months rather than temporary residency for the purpose of pursuing and education.

Forms are due one week (7 calendar days) before the [first day of classes](#) for the semester in which you seek reclassification. The University of West Florida uses email as the official method of communication during the review process.

Last Name	First Name	UWFID
<hr/>		
Term/Year for which you wish to be reclassified	UWF email	

An applicant may not be eligible for reclassification as a resident for tuition purposes, unless the applicant (or parent/legal guardian if claiming dependent status; or spouse if claiming marital status) presents *clear and convincing* documentation that supports permanent legal residency in this state for at least 12 consecutive months rather than temporary residency for the purpose of pursuing an education.

Other persons not meeting the 12-month legal residence requirement *may* be classified as Florida residents for tuition purposes only if they fall within one of the limited exception categories listed below, as authorized by the Florida Legislature and Florida Board of Governors.

FLORIDA RESIDENCY FOR TUITION PURPOSES AFFIDAVIT

- **DEPENDENT:** Person, whether or not living with his/her parent, who has been claimed by his/her parent under the federal income tax code (most recent return) OR a person who does meet one of the categories to automatically be considered independent for whom 50% or more of his/her support has been provided by another.
- **INDEPENDENT:** Person who provides more than fifty percent (50%) his/her own support. For persons not meeting one of the categories to automatically be considered independent, a copy of your and your parents' most recent tax return will be required as proof that have not been claimed as a dependent. A budget has been established and may be used during the review process.

I understand that evidence of my status will be requested by the University of West Florida. This documentation may include, but is not limited to: marriage certificate; insurance information showing marital status; most recent tax return showing marital status; federal tax returns; documentation showing that the student provides fifty (50) percent or more of the cost of attendance as defined by the Office of Financial Aid and Scholarships at the University of West Florida (examples may include: tax return, W-2 form, pay stubs, employer earnings verification); military discharge documents; legal documents showing student is a ward/dependent of the courts.

Student's Signature	Date
---------------------	------

RESIDENCY RECLASSIFICATION FORM

THE FOLLOWING SECTIONS MUST BE COMPLETED IN FULL IF YOU ARE SEEKING A RESIDENCY RECLASSIFICATION REVIEW

I CERTIFY THAT I AM:

- _____ I am an **INDEPENDENT** person and have maintained legal residence in Florida for at least 12 months.
_____ I am a **DEPENDENT** person and my parent/guardian has maintained legal residence in Florida for at least 12 months.

QUALIFICATION BY EXCEPTION: *(if applying for reclassification under an exception please check which one applies)*

- _____ I am married to a person who has maintained legal residence in Florida for at least 12 months
REQUIRED: Copy of marriage certificate, and other supporting documentation
- _____ I was previously enrolled at a Florida State Institution and classified as a Florida Resident for tuition purposes.
- _____ I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.
- _____ According to the U.S. Bureau of Citizenship and Immigration Services, I am a permanent resident alien or other legal alien granted indefinite stay and have maintained a domicile in Florida for at least twelve (12) months.
REQUIRED: INS documentation and proof of residency status.
- _____ I am a member of the armed services of the United States and I am stationed in Florida on active military duty pursuant to Military orders, or whose state of legal residence is Florida, or I am a member's spouse or dependent child.
REQUIRED: Copy of military orders or DD2058 showing state of legal residence.
- _____ I am a full-time instructional or administrative employee employed by a Florida public school, community college or Institution of higher education, or I am the employee's spouse or dependent child.
REQUIRED: Copy of employment verification.
- _____ I am part of the Latin American/Caribbean Scholarship Program. **REQUIRED:** Copy of scholarship papers.
- _____ I am a qualified beneficiary under the terms of the Florida Pre-Paid College Program, s.[1009.988](#)
REQUIRED: Copy of card.
- _____ I am living on the Isthmus of Panama and have completed twelve (12) consecutive months of college work at the F.S.U. Panama Canal Branch, or I am the student's spouse or dependent child.
REQUIRED: Verification of FSU-PCB educational records, along with a copy of marriage certificate or proof of dependency
- _____ I am a Southern Regional Education Board's Academic Common Market graduate student.
REQUIRED: Certification letter from state coordinator.
- _____ I am a full-time employee of a state agency 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.
REQUIRED: State agency employment verification.
- _____ I am a McKnight Fellowship recipient. **REQUIRED:** Verification from graduate studies.
- _____ I am an active member of the Florida National Guard who qualifies under s.[250.10\(7,8\)](#) for the tuition assistance program.
REQUIRED: Florida orders.

RESIDENCY RECLASSIFICATION FORM

_____ I am an active member (or the spouse of the member) of the Armed Services of the United State attending a public community college or university within fifty (50) miles of the military establishment where the member is stationed, if such a military establishment is within a county contiguous to Florida.
REQUIRED: Copy of Military orders.

_____ I am an active duty member (or spouse or dependent child of a member) of the Canadian military residing or stationed in Florida under the North American Air Defense (NORAD) Agreement, attending a public community college or university within fifty (50) miles of the military establishment where the active duty member is stationed.
REQUIRED: Copy of Military orders.

_____ I am a U.S. Citizen living outside the U.S. who is teaching at the Department of Defense Dependent School or in an American International School and who has enrolled in a graduate level education program which leads to a Florida teaching certificate.
REQUIRED: DoD employment and graduate employment verification.

_____ I am an active duty member (or spouse or dependent child of the member) of a foreign nation's military who is serving as a liaison officer. I am residing or stationed in Florida and attending a community college or state university within fifty (50) miles of the military establishment where I am stationed.
REQUIRED: Copy of military orders.

Person claiming residency must complete all sections below in full

- IF YOU ARE A DEPENDENT STUDENT, YOUR PARENT/GUARDIAN IS THE CLAIMANT FOR RESIDENCY
- IF YOU ARE AN INDEPENDENT STUDENT, YOU ARE THE CLAIMANT FOR RESIDENCY
- IF YOU ARE MARRIED AND CLAIMING THROUGH A SPOUSE, YOU ARE CONSIDERED INDEPENDENT, BUT YOUR SPOUSE IS THE CLAIMANT

Please Print:

Date claimant began establishing legal Florida residence and domicile: _____ / _____ / _____
Mo Day Yr

Claimant's relationship to student: _____

Claimant's permanent legal address:

Street/P.O. Box Apt No. City State Zip Code

Claimant's telephone number: _____

I do hereby swear or affirm that the above named student meets all requirements indicted in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to [837.06](#), Florida Statutes, and to the Board of Governors, [7.005](#).

Signature of person claiming Florida residency

Date

RESIDENCY RECLASSIFICATION FORM

PROOF OF FLORIDA RESIDENCY FOR TUITION PURPOSES

DIRECTIONS: Your reclassification determination will be based upon the completed Residency Reclassification Form and the documentation you provide. Samples of appropriate documentation are listed below. It is very important for you to supply as much documentation as possible in support of your reclassification request. **The burden of proof is upon you.** Assume there is no such thing as too much documentation. Always err on the side of supplying too much.

RECLASSIFICATION DOCUMENTATION: Please check off all of the documentation you are submitting with your reclassification. Do not submit original documents; copies are acceptable. **Note: All documentation should be dated, issued, or filed 12 months prior to the start of classes for the term you wish to be reclassified.**

Claimant must submit 2 or more forms of documentation from Tier 1 or at least one document from Tier 1 and one or more from Tier 2 of the documents identified below. Additional documentation, other than what is prescribed, may be requested in some cases. All documentation is subject to verification.

Tier 1 Documentation:

_____ [Florida driver's license or State of Florida identification card](#)

_____ [Florida voter's registration](#)

_____ [Florida vehicle registration](#)

_____ Proof of permanent home in Florida occupied as primary residence for 12 consecutive month prior to the student's enrollment. (Required: document such as a deed or other evidence of title to property used as primary residence, a homeowner's policy, a title insurance policy, evidence of a property tax payment on the primary residence, multiple leases reflecting a Florida address, or a lease of multiple years' duration.)

_____ Proof of a homestead exemption in Florida. (Required: document from the county tax collector demonstrating the application of a homestead exemption to the claimant's primary residence.)

_____ Proof of permanent full-time employment in Florida for at least 30 hours per week for the 12 consecutive months before classes begin (e.g., letter on company letterhead from an employer verifying permanent employment)

_____ Official Transcripts from a Florida high school for multiple years if the Florida high school diploma or GED was earned within the last 12 months

Tier 2 Documentation:

_____ [Declaration of Domicile](#) in Florida s.[222.17](#) with a filing date 12 months prior to the start of classes for the term

_____ Florida professional or occupational license

_____ Florida incorporation

_____ Documents evidencing family ties in Florida

_____ Proof of membership in a Florida-based charitable or professional organization

_____ Any other documentation not listed above that supports your request for resident status in the state

RESIDENCY RECLASSIFICATION FORM

FINANCIAL INFORMATION:

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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, etc.)
Trust Fund/Inheritance	_____	_____
Other:	_____	_____
Other:	_____	_____

RESIDENCY RECLASSIFICATION FORM

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

	Income/Assets		Cost/Expenses
Employment	_____	Rent/Mortgage	_____
Private Financial Aid	_____	Utilities	_____
Other:	_____	Tuition	_____
	_____	Food	_____
	_____	Medical	_____
	_____	Other	_____
TOTAL	_____	TOTAL	_____