## RESIDENCY CLASSIFICATION APPEAL



Phone: 850-474-2244 registrar@uwf.edu

APPEALS MUST B TUITION. UWF ID Number:	ST BE SUBMITTED BY THE END		OF THE TERM THAT THE STO		ENT IS REQUESTING IN-STATE
Address:					
UWF Email:			Phone Number:		
Requested Term of Action:	Fall	S	Spring	Summer	
		Year	Year	-	Year
I have submitted all the documentation certifying my claim to Florida residency for tuition purposes and I am requesting an appeal of the rendered residency decision. I understand that any new documentation for additional consideration should be submitted along with this form.  I am appealing this classification on the following grounds (use additional paper, if necessary):					
Student Signature:					Date
Residency Appeals Committee USE ONLY					
The decision of the A	cademic Appeals	Committee for appr	oval or denial is cons	sidered final.	
ACTION:	Approved:	Denie	d:	Insufficier	nt Documentation:
Committee Chair:					Date:
Letter Sent:					
Comments:					