

INFORMATION FOR RESIDENCY CLASSIFICATION

A Florida resident for tuition purposes is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residence in Florida for at least twelve (12) months. Residence in Florida must be a bona fide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien, or legal alien, granted indefinite stay by the Immigration and Naturalization Service. Other persons not meeting the twelve-month legal residence requirement may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature and Board of Regents. All other persons are ineligible for classification as a Florida resident for tuition purposes. Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents are presumed to be legal residents of the same state as their parents.

NON-FLORIDA RESIDENTS

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for reclassification as a Florida resident.

Signature: _____

Date: _____

FLORIDA RESIDENTS

This section must be completed in full if you claim Florida residency for tuition purposes. *Attach copies of required documents.* A notarized copy of your and/or your parent's most recent tax return or other documentation **MAY** be requested to establish dependence/independence.

Dependent: a person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service.

Independent: a person who provided more than 50% of his/her own support.

A copy of the marriage certificate is **required** in all cases of spouse claiming partner's residency.

✓ (Check applicable item.)

- A. I am an **independent** person and have maintained legal residence in Florida for at least 12 months.
- B. I am a **dependent** person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- C. I am a **dependent** person who has resided for five years with an adult relative other than my parent or legal guardian and my relative has maintained legal residence in Florida for at least 12 months. **Required:** Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.
- D. I am **married to a person** who has maintained legal residency in Florida for at least 12 months. I have now established legal residency and intend to make Florida my permanent home. **Required:** Copy of marriage certificate, claimant's voter registration, driver's license and vehicle registration.
- E. 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.
- F. According to the United States Immigration and Naturalization Service, I am a **permanent resident alien or other legal alien granted** indefinite stay and have maintained a domicile in Florida for at least 12 months. **Required:** INS documentation and proof of Florida residency status.
- G. I am a **member of the armed services of the United States** and I am stationed in Florida on active duty pursuant to military orders, or whose home of record is Florida, or I am a member's spouse or dependent child. **Required:** Copy of military orders or DD2058 showing home of record.
- H. 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. I am part of the **Latin American/Caribbean Scholarship Program**. **Required:** Copy of scholarship papers.
- J. I am a **qualified beneficiary** under the terms of the **Florida Prepaid College Program** (s.240.551, F.S.)
- K. I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the FSU Panama Canal Branch, or I am the student's spouse or dependent child. **Required:** Copy of marriage certificate or proof of dependency.
- L. 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:** Copy of employment verification

PERSON CLAIMING RESIDENCY MUST COMPLETE THE FOLLOWING SECTION IN FULL....

Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term in which a Florida resident classification is sought. All documentation is subject to verification.

Name of Student: _____ Student's Social Security Number _____/_____/_____

All of the questions below pertain to the person claiming Florida residency (If the student is a dependent, the person claiming Florida Residency is the parent or legal guardian.)

1. Name of person claiming Florida residency: _____
2. Relationship of claimant to student: _____
3. Permanent legal address of claimant: _____

4. Claimant's telephone number (Home) _____
(Work) _____
5. Date claimant established Florida Residency and domicile _____ / _____ / _____
(Month) (Day) (Year)
6. Claimant's Florida driver's license: _____
Number Original Issue Date
7. Claimant's Florida vehicle registration: _____
Decal Number Plate Issued Date
8. Claimant's Florida voter registration: _____
Number Issue Date

CERTIFICATION

I do hereby swear or affirm that the above named student meets all requirements for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to the penalties for making a false statement pursuant to 837.06, Florida Statutes.

Signature of Person claiming Florida residency _____ / _____ / _____
Date

STUDENT AGREEMENT

I understand that this application is for admission to the program identified on page 1 and is valid only for the academic year in which I apply. A new application will be required if I wish to change my educational goal.

I also understand and agree that I will be bound by the college's regulations concerning application deadlines and admission requirements. I further agree to the release of any transcript, student record, and test scores to the college (including my ACT Inc., Florida College Entry-Level Placement Test, or SAT-I score reports that the college may request from the College Board, ACT Inc., or another Florida public college or university.) I understand and agree that I will be bound by the College's regulations as published in the college catalog and the student handbook.

I hereby authorize NFCC to release electronically my transcript and initial placement scores and exit test to a Florida college or university. I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application or residency statement may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. Should any of the information I have given change prior to my enrollment at the college, I shall immediately notify the Office of the Registrar in writing. I understand that the \$20 payment I submit with this application is a nonrefundable fee.

Signature of Student _____ / _____ / _____
Date