

Submit this form to the **College of Medicine Admissions Office** only for initial determination of residency for tuition purposes as a newly admitted **medical** student at UCF. If you are currently attending UCF as a **undergraduate or graduate** student and wish to reclassify your current residency for tuition purposes, the **College of Medicine, Registrar's Office** will review requests for changes in residency status for all subsequent terms of attendance (Residency Reclassification). More information can be found at <http://registrar.ucf.edu/>.

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 the last twelve months. Residence in Florida must be as 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 Governors*. 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 for support 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. 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 in order to be considered for Florida residency classification.

Signature (in black ink) _____

Date _____ Personal ID (PID): _____

Florida Residents

The person who is claiming legal residency should fill out this form. The person may be the applicant, or it may be someone other than the applicant who is claiming legal residency *for* the applicant.

Name of student _____

E-mail address _____

Personal ID (PID) _____

Name of person claiming Florida residency _____

Relationship to student _____

Claimant's telephone number Date claimant began establishing legal Florida residence and domicile _____

Claimant's permanent legal address _____

Street _____

City State Postal Code _____

***Please note that if your current issue date is less than 12 months prior to the first day of classes, you'll need to provide previous issue date.**

Claimant's voter registration number _____

State _____ County _____

Current Issue Date Previous Issue Date _____

Claimant's driver license number State _____

Current Issue Date Previous Issue Date _____

Claimant's vehicle registration number (VIN) State _____

Current Issue Date Previous Issue Date _____

REQUIRED

If you are claiming Florida residency for tuition purposes, list your (claimant's) work experience for the last 5 years. Position Place of Employment City State From month/year to month/year

If you are claiming Florida residency for tuition purposes, check the appropriate box below and send all supporting documents to the Admissions Office, College of Medicine.

- I am an independent person and have maintained legal residence in Florida for, at least, the 12 months prior to the anticipated term of admission.
- I am a dependent person and my parent or legal guardian has maintained legal residence in Florida for at least 12 months. **Required:** Notarized copy of the previous year's tax return on which you were claimed as a dependent, a notarized Statement of Support, or other proof of dependency.
- 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:** Notarized copy of the previous year's tax return on which you were claimed as a dependent, a notarized Statement of Support, or other proof of dependency.
- I am married to a person who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home. **Required:** Copy of marriage **certificate**.
- 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. **Required:** Proof that you paid in-state tuition while previously enrolled in a Florida institution.
- According to the U.S. 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 residency status.
- According to the U.S. Immigration and Naturalization Service, I hold one of the following visas: category A, E, G, H-1, H-4, I, K, L, N, O-1, O-3, R, or NATO1-7. I have maintained a domicile in Florida for at least 12 months. **Required:** INS documentation and proof of residency status.
- According to the U.S. Immigration and Naturalization Service, I have applied for asylum or adjustment of status. I have maintained a domicile in Florida for at least 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 home of record is Florida, or I am a member's spouse or dependent child. **Required:** Copy of military order or DD2058 showing home of record.
- 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 Post-secondary Expense Program, S.240.551F.S. **Required:** Copy of card.
- 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.
- 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:** Copy of employment verification.

If you are claiming Florida residency for tuition purposes, read this information and sign below.

A notarized copy of your/your parents' 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 provides more than 50% of his/her own support.

Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term for which a Florida resident classification is sought. All documentation is subject to verification. A copy of the marriage certificate is required in all cases of spouse claiming partner's residency. Additional documentation may be requested in some cases. Attach copies (if any) of documentation required. Sign and date this form.

"I do hereby swear or affirm that the above named student meets all requirements indicated 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 837.07, Florida Statutes, and to BOR Rule 6C-6.001(6), F.A.C."

Signature of Person Claiming Florida Residency Date

Submit this form and required documentation to **Admissions Office, College of Medicine no later than the last day of registration for the academic year for which resident status is sought.**

Please mail or fax this form and required documentation to: **UCF Admissions Office, (College of Medicine), P.O. Box 160116, Orlando, FL 32816-0116; fax: 407-823-4048.**