

**Office of the Registrar
Florida Gulf Coast University**

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Residency Reclassification

The offices of Undergraduate Admissions (239-590-7915) and Graduate Admissions (239-590-7908) determine first term residency at Florida Gulf Coast University for tuition purposes for all newly-admitted students.

Currently enrolled students, who are classified as non-Florida residents for tuition purposes and qualify for in-state tuition effective with the next academic semester, may submit a Residency Reclassification Application and Affidavit form. Supporting documentation is required to substantiate residency for tuition purposes.

Obtaining in-state status can be challenging and requires significant effort on your part to submit supporting documentation and to respond to requests for additional information. You should allow adequate time to provide this documentation prior to the start of the term for which reclassification is sought; failure to do so may delay a final decision of your request or result in a denial.

For both Office of the Registrar's reclassification requests and residency appeals, documentation received by the Office of the Registrar after Academic Calendar deadline for the specified term in which the residency reclassification is sought will not be used to determine residency for that current term. Approved residency reclassification will not be applied retroactively to previous terms. Information regarding the Office of the Registrar's Residency appeal process can be obtained from the Office of the Registrar at McTarnaghan Hall 116; Telephone: 239-590-7914.

What You NEED to Know about Residency Reclassification

1. Residency Reclassification criteria are established by Florida law and Florida Department of Education regulations. The Office of the Registrar CANNOT waive State/DOE criteria for ANY reason.
2. This affidavit and all supporting documents **must** be filed no later than the fifth day for the term in which the residency reclassification is to take effect.
3. Living in Florida for a year or longer DOES NOT automatically qualify you for in-state tuition (Florida residency).
4. Under Florida law, there is a difference between being a "Florida Resident" and being a "Florida Resident for Tuition Purposes."
5. To be considered a "Florida Resident for Tuition Purposes," you MUST prove through OFFICIAL and/or LEGAL DOCUMENTS that you have moved to Florida permanently and not merely living in Florida temporarily while you attend Florida Gulf Coast University.
6. At least 3 of the required documents (for example: drivers license, vehicle registration, voter registration card) MUST be dated 12 COMPLETE MONTHS prior to the first day of classes for the requested reclassification term. If you do not fall under the "Exception Categories" list, there are NO EXCEPTIONS to this requirement
7. The Office of the Registrar CANNOT consider personal justifications for documents not meeting the 12 month requirement. For example: "I have a license now, but I did not get a driver's license when I moved here a year ago because . . ." CANNOT be considered.
8. Leases and employment verification show physical presence ONLY. By themselves they DO NOT qualify you for Residency Reclassification.
9. Ties to another state or country WILL DISQUALIFY you from Residency Reclassification.
10. Dependant student evidence that you are the financial dependent of an out-of-state resident WILL DISQUALIFY you from Residency Reclassification .
11. Financial hardship CANNOT be considered in Residency Reclassification.
12. Despite the length of time you attend FGCU, you MAY NOT qualify for "Florida Residency for Tuition Purposes."
13. It is imperative that each applicant show proof of a bona fide domicile, rather than a mere temporary residence incident to enrollment in an institution of higher education, during the requisite 12 month qualifying period. A domicile in campus housing does not qualify as a bona fide domicile.
14. Full-time students prior to reclassification need proof of permanent full time employment of at least 30 hours a week.

Residency Reclassification Application and Affidavit Instructions

Residency reclassification requests are subject to Florida Statute 1009.21, Florida State Board of Education Administrative Code 6A10.044, State Board of Education rule 6C7.005 and Florida Gulf Coast University policy.

The instructions below do not comprise a comprehensive statement regarding residency reclassification. Refer to the “Florida Residency for Tuition Purposes” and “Residency Reclassification” sections of the current *Florida Gulf Coast University Catalog*.

This affidavit and all supporting documents must be filed no later than the fifth day for the term in which the residency reclassification is to take effect.

Who should complete the “Residency Reclassification Application and Affidavit”?

1. If the student is financially independent and under the age of 24 prior to the first day of classes for the term in which residency reclassification is sought, (i.e., his or her parent(s) did not claim the student as a dependent on their most recent federal income tax return), then the student is the “claimant.” The student must complete Sections I and II of the application and affidavit and must submit all requested documents;
2. If the student’s parent or legal guardian claimed the student as a dependent on his/her/their most recent federal income tax return, and the parent/guardian can substantiate legal Florida residency, then the parent/guardian is the “claimant.” The student must complete Section I of the application and affidavit. The parent/guardian must complete Section II of the form and must submit all requested documents;
3. If the student is legally married to a Florida resident, then the spouse is the “claimant.” The student must complete Section I of the application and affidavit. The spouse must complete Section II of the form and must submit all requested documents.

All Claimants will submit a fully completed Residency Reclassification Application and Affidavit along with a minimum of two required documents which at least one must be dated 12 months old or older:

1. A photocopy of the claimant’s Florida Driver’s License;
2. A photocopy of the claimant’s Florida Vehicle Registration;
3. A photocopy of the claimant’s Florida Voter Identification Card;
4. The **independent student, under the age of 24**, who has annual financial resources totaling half the cost of attendance or more must provide their most recent tax return along with copies of their W2 forms; or with documents establishing other sources of income from within Florida (e.g., disability, financial aid, SSI, etc.). (If the student is filing via internet, a confirmation number or E-File form must be submitted)
5. A personal statement from the student explaining why they are seeking permanent residence in the state of Florida; this statement should be longer than a sentence.
6. Please remember if you have selected any of the Exception Categories, you must submit the required documents.

The Office of the Registrar has the right to request and may require additional documentation to make a final decision on your residency reclassification request.

The status of your residency reclassification request will be provided to you by the Office of the Registrar.

Tuition is determined, prior to the Fall semester each year, by the Florida Legislature and Florida Gulf Coast University. Check <http://www.fgcu.edu/Cashiers/tuition-and-fees.html> for the most current fee information.

Residency Reclassification Application and Affidavit

This affidavit and all supporting documents must be filed no later than the fifth day for the term in which the residency reclassification is to take effect.

Please refer to the "Academic Calendar" for the Residency Reclassification deadlines.

Section I: Student Information

Student's UIN: _____ Student's Name: _____

Student's Telephone Number: _____ Student's Email: _____

Term for which Reclassification is requested (circle one): Fall Spring Summer Year: _____

Are you a US citizen? Yes _____ No _____

If no, are you a permanent resident alien or a legal alien granted indefinite stay by DHS? Yes _____ No _____

(Required: Copy of both sides of alien registration card or verification of visa status from Bureau of Naturalization and Immigration)

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.)

Section II: Claimant Information

The "claimant" is the person claiming Florida residency. If the student is financially **independent**, then the **student** is the claimant. If the student is financially **dependent**, then the student's **parent or legal guardian** is the claimant. If the student is married to a Florida resident, then the spouse may be the claimant. See the Residency Reclassification Application and Affidavit Instructions for information and instructions. All questions below pertain to the claimant.

Claimant's Name: _____ Claimant's Relationship to Student: _____

Claimant's Permanent Legal Address: _____

Street Address Apt. # City State Zip Code

Claimant's Telephone Number: _____ Claimant's Email: _____

Date the Claimant began establishing legal Florida residence and domicile: _____

(MM/DD/YYYY)

You must provide the information of three documents that must be 12 months or older.

Claimant's voter registration: State: _____ County: _____ Number: _____ Date of Issue: _____

(If completing this item, a copy of the claimant's voter registration card **must** accompany this form.)

(MM/DD/YYYY)

Claimant's driver's license: State: _____ Number: _____ Date of Issue: _____

(If completing this item, a copy of the claimant's currently active driver's license **must** accompany this form.)

(MM/DD/YYYY)

Claimant's vehicle registration: State: _____ Tag #: _____ Date of Issue: _____

(If completing this item, a copy of the claimant's current vehicle registration **must** accompany this form.)

(MM/DD/YYYY)

Claimant's declaration of domicile: State: _____ County: _____ Date of Issue: _____

(If completing this item, a copy of the claimant's declaration of domicile **must** accompany this form.)

(MM/DD/YYYY)

If the Claimant is a non-U.S. citizen, the Claimant's Resident alien #: _____ Date of Issue: _____

(If completing this item, a copy of the claimant's resident alien card **must** accompany this form.)

(MM/DD/YYYY)

Note: To determine Residency Eligibility for the Exception Categories list and documentation required, please see the reverse side of this form. If you fall under one of these Exception Categories, you must submit the documentation required.

The Office of the Registrar may require additional documentation.

The Office of the Registrar will not review the "Residency Reclassification Application and Affidavit" until both the student and the claimant have submitted all requested documents.

I am the claimant and I have met all requirements 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 that a false statement can subject me to penalties for making a false or fraudulent statement pursuant to BOR Rule 6C6.01(6) F.A.C.

Claimant's Signature Date

Office Use Only:

Staff's full name: _____ Date: _____ Effective: _____ / _____

Semester Year

Reclassified: Yes No Residency Code: _____ Comments: _____

Confirmation provided on: _____ By: Mail, In-Person, or Email (circle one and attach copy)

Exception Categories

The law allows some applicants who do not meet the 12 month requirement to be classified as a Florida resident.

Please check any exception applicable in your case and attach copies of full documentation and be prepared to provide originals for review:

_____ 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. **(copy of marriage certificate required along with your spouses' Florida driver's license issued 12 months or older and a vehicle or voter's registration)**

_____ 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. **(copy of military orders or military document showing home of record required)**

_____ According to the United States Immigration and Naturalization Service (INS), I am a permanent resident alien or other legal alien granted indefinite stay and I have maintained a domicile in Florida for at least 12 months. **(copy of resident alien card, Florida driver's license issued 12 months or older and a vehicle registration)**

_____ I am a full-time instructional or administrative employee of a Florida public school, community college, or institution of higher education, or I am the employee's spouse or dependent child. **(copy of employment verification required)**

_____ I am part of the Latin American/Caribbean Scholarship program. **(copy of scholarships papers required)**

_____ I am a qualified beneficiary under the terms of the Florida Pre-Paid Post-Secondary Expense Program. **(copy of your benefit letter)**

_____ I am a dependent person who has resided for five years with an adult relative other than my parent/legal guardian and my relative has maintained legal residence in Florida for at least 12 months. **(copy of most recent tax return on which you were claimed as a dependent or other proof of dependency required)**

_____ 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 I am now re-establishing Florida legal residence.

_____ I am living on the Isthmus of Panama and have completed 12 consecutive months of college at the FSU Panama Canal Branch or I am the student's spouse or dependent child.

_____ I am a Southern Regional Education Board's Academic Common Market graduate student.

_____ 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 correction training. **(copy of employment verification required)**

_____ I am a McKnight Fellowship recipient.

_____ I am an active member of the Florida National Guard who qualifies under Florida Statutes s.250.10(7) and (8) for tuition assistance.

Student Financial Statement

Note: Students will be required to complete this financial statement in support of their claim of "independent" status. Attach additional pages 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 tax return required).

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

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

Name of Employer	Employment Dates	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)
Trust Fund/Inheritance	_____	_____
Family Members	_____	_____
Other:	_____	_____

Note: You are required to support your claim of independent status by providing employment records, tax returns, affidavits, financial aid award letters, bank records, etc.

I do hereby swear or affirm that the information contained herein is true and accurate to the best of my knowledge.

Student Signature _____ **Date** _____