Change of Residency Form

Name: ____________________________  Student I.D. or SS#: _______________________

Address: __________________________

Date of Birth: _____________________

Semester: _________________________

What is your Country of Citizenship?: ____________________________

Date your CURRENT stay in California began: ___________ Month / ___________ Day / ___________ Year

Do you intend California to be your permanent residence? ____________________________ *Proof Required

*Examples of Proof: Ownership, leased or rented property, Voter registration and proof you have voted, Valid CA driver's License or ID dated over one (1) year ago, Federal and State income tax forms, Resident Alien Card and/or Visa documentation.

Please check one and attach any and all documentation/proof of State and US Residency

☐ US Citizen - Met the physical and Intent Requirements (proof attached)

☐ US Citizen - and I qualify for AB540 (The law that provides for an exemption from non-resident tuition for certain non-resident students. Affidavit must be submitted.)

☐ Alien# __________________________ Date applied ________________ Prior Immigration Status ___________  

Are you applying for a change of status that allows you to establish California Residency? ____________________________

**If yes, what is the Status? __________________________ Date applied ________________ Date granted ________________

**If you have applied for a change of status from a Visa that cannot establish residency to a Visa that can establish residency, you may not be classified as a resident until the Visa has been granted (proof is required.)

☐ Refugee/Asylee Alien# __________________________ Date applied ________________

Prior Immigration Status __________________________

☐ Other - Undocumented and I qualify for AB540 (The law that provides for an exemption from non-resident tuition for certain non-resident students. Affidavit must be submitted.)

Note: Immigration documentation is required in order to process any changes in residency.

TO BE COMPLETED BY ALL STUDENTS

I declare under penalty of perjury that the information submitted is true and correct.

Student's Signature (required): __________________________ Date: __________________________

FOR OFFICE USE ONLY

☐ SPRO/ASPR Datechg’d to ________________ for ________________ Term Re-billed on ________________

☐ Datechg’d to ________________ for ________________ Term Re-billed on ________________

☐ FINF Updated

☐ STRK Has original application been verified? __________________________

Approved By Director or Designee: __________________________ Date: __________________________

Rev.5/2014