

SAN JOSE CITY COLLEGE
2100 Moorpark Avenue
San Jose, California 95128-2799



Received By: _____
Date: _____

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 Date chg'd to _____ for _____ Term Re-billed on _____
Date chg'd to _____ for _____ Term Re-billed on _____

FINF Updated _____

STRK Has original application been verified? _____

Approved By Director or Designee: _____ Date: _____