



Received By: _____
Date: _____

Change of Residency Form

Name: _____
Last, First MI

Student I.D. _____

Date of Birth: _____

Address: _____

Semester: _____ Year: _____

Phone No. _____

Email: _____

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 _____**
- 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

_____ **UTEC** Has original application been verified? _____

Approved By Director or Designee: _____

Date: _____