



CHANGE OF CLASSIFICATION

PETITION

Check the applicable box for the term beginning:

Fall 20__ Winter 20__ Spring 20__

Undergraduate Graduate Medical Pharmacy

FOR DEPUTY'S USE ONLY

Resident
 Non-Resident
Date: _____
By: _____
Pending:

PLEASE COMPLETE THE CHANGE OF CLASSIFICATION PETITION IN INK, SIGN AND DATE. Mail or drop off petition with requested documentation at the Office of the Registrar prior to the filing deadline for the applicable quarter. See filing period on the website: <http://www.ucsd.edu/current-students/finances/fees/residence/status-change.html>

Name: Last _____ First _____ Middle _____

Personal Identification Number (PID) _____

Present mailing address: Number, Street, _____ City, _____ State, _____ Zip Code _____

E-Mail Address: _____

Permanent mailing address: Number, Street, _____ City, _____ State, _____ Zip Code _____

Birthdate _____ Age _____

Do you claim to be a resident of California? Yes No
Are you a citizen of the United States? Yes No
If no, have you been awarded permanent residence? Yes No
*Date awarded _____ Alien Registration # _____
If no, have you applied for permanent residence status? Yes No
If your permanent residence application is pending, is your current status valid? Yes No
*INS status/VISA _____ valid from _____ to _____
If you are a non-citizen AND claim resident of California, proof of your status in the U.S. must be attached.
*Did you make sure your proof of your status as a permanent resident or eligible visa holder in the United States is attached to this form, i.e., green card, I-94 record? Yes No

Motor Vehicle:

Do you have a driver's license? Yes No
If yes, in which state _____
Date issued _____
Last renewed _____
If a non-driver, do you have a state identification card? Yes No
If yes, in which state _____
date issued _____
Do you have a motor vehicle? Yes No
If yes, date of registration _____
State of registration _____

Dates of Physical Presence in California: Continuously since birth
From _____ To _____ From _____ To _____
If you claim California residence but have been absent from the state for more than six weeks during the last 12 months, please attach a statement explaining your absence.

Voter Registration:

Are you registered to vote? Yes No
State of registration _____
Date of registration _____
Have you voted within the last 15 months? Yes No
If yes, in which state? _____ date _____

Financial Information:

Last Calendar Year This Calendar Year

What is your source of financial support?
Did you/will you file a California RESIDENT income tax return? Yes No Yes No
Did you/will you file a RESIDENT income tax return in another state?
If yes, in which state _____ Yes No Yes No
Employment Status:
worked in California Yes No Yes No
worked outside California Yes No Yes No
Did you receive loans, scholarships, or benefits that required residence outside California?
If yes, describe _____ Yes No Yes No

Bank Accounts:

Checking: _____
State _____ Date established _____
Savings: _____
State _____ Date established _____

Colleges or Universities Attended:

From	To	Name of School	State
_____	_____	_____	_____
_____	_____	_____	_____

Marital Status:

Single
 Married: Date _____ State _____
 Divorced: Date _____ State _____

Military Service:

Student

Spouse
Are you or your spouse currently on active duty in the U.S. military? Yes No
 Yes No
If yes, state of legal residence: _____
Are you registered with the selective service? Yes No
 Yes No
If yes, state of registration: _____

Do you hold any professional licenses? Yes No
If yes, valid from _____ to _____
in state of _____

What state do you regard as your permanent home? _____
How long has it been your home? _____
Do you plan to remain in California after completing your education? Yes No

Signature required
on reverse

If you are an unmarried student under 24 years of age, complete the remainder of this form. If not, please sign and date below.

Financial Independence:

Are you financially independent? Yes No
Please describe your source of financial support (ie., job, parents, loans) this year and immediately preceding two tax years. Which of these years were you claimed as a dependent by parents?

Are you a veteran of the U.S. Armed Forces? Yes No
Are you a ward of the court? Yes No
Are either or both of your parents deceased? Father? Mother? Yes No
Do you have legal dependents other than a spouse? Yes No
Are you/will you be a graduate student employed by your department at 49% or more? Yes No

Are parents currently on active duty in the United States military?

Stationed in California Yes No
Stationed outside California Yes No
State of legal residence Yes No

Father Yes No Mother Yes No
from to from to
from to from to

Are your parents divorced or permanently separated? Yes No Have you resided with your other parent since divorce? Yes No

Dates of residence with other parent in the last two years:
From to Address From to Address
Who have you been living with for the past two years? Mother Father Other (Name & relationship to you)

Student's Father:

Name: Last First Middle
Address: Number, Street, City, State, ZIP

Does he claim to be a resident of California? Yes No
Is he a U. S. citizen? Yes No
Is he a U.S. Permanent Resident (PR)? Yes No
If no, has he applied for (PR) status? Yes No
Alien registration #
Approval date:
If (PR) application is pending, is status valid? Yes No
Visa type:
Valid from to
Is he registered to vote? Yes No
In which state?
Bank Accounts (state/date established)
Checking / Savings /

Dates of Father's Physical Presence in California: Continuous since birth

From To From To

If he claims California residence but has been absent from the state for more than six weeks during the last 12 months, please attach a statement explaining his absence.

Does he have a driver's license? Yes No California I.D. card? Yes No
If yes, in what state? Date issued Last renewed
Vehicle registration date: State registered in:
Did he/will he file a state income tax return on his total personal income for:
Last calendar year? Yes What state? No Why?
This calendar year? Yes What state? No Why?

Student's Mother:

Name: Last First Middle
Address: Number, Street, City, State, ZIP

Does she claim to be a resident of California? Yes No
Is she a U. S. citizen? Yes No
Is she a U.S. Permanent Resident (PR)? Yes No
If no, has she applied for (PR) status? Yes No
Alien registration #
Approval date:
If (PR) application is pending, is status valid? Yes No
Visa type:
Valid from to
Is she registered to vote? Yes No
In which state?
Bank Accounts (state/date established)
Checking / Savings /

Dates of Mother's Physical Presence in California: Continuous since birth

From To From To

If she claims California residence but has been absent from the state for more than six weeks during the last 12 months, please attach a statement explaining her absence.

Does she have a driver's license? Yes No California I.D. card? Yes No
If yes, in what state? Date issued Last renewed
Vehicle registration date: State registered in:
Did she/will she file a state income tax return on her total personal income for:
Last calendar year? Yes What state? No Why?
This calendar year? Yes What state? No Why?

Do you authorize the University of California to release to your parents information regarding your residence file? Yes No

SIGNATURE REQUIRED: I declare under penalty of perjury under the laws of the State of California that the statements on both sides on this page and any attachments submitted by me in connection with the determination of my residence are, and each of them is, true and correct.

SIGNATURE:

SIGNED IN: Date:

Privacy Notice: All of the information requested on this Statement of Legal Residence is required by the authority of Standing Order 110.2(a)-(d) of the Regents of the University of California for determining whether or not you are a legal resident for tuition purposes. Your registration cannot be processed without this information. The Office of the Registrar on campus maintains the requested information. You have the right to inspect University records containing the residence information requested on this form. In accordance with the Federal Privacy Act of 1974, you are hereby notified that disclosure of your social security number is mandatory. This recordkeeping system was established prior to January 1, 1975 pursuant to the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The social security number is used to verify your identity.