



Graduate "READMIT"

Statement of Legal Residence

Check the applicable box for the term beginning:

Fall 20____ Winter 20____ Spring 20____
 Graduate Medical Pharmacy

FOR DEPUTY'S USE ONLY

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

You are required to fill out this form if you have been absent two or more consecutive quarters.
 Please return it to the residence deputy in the Registrar's Office before you enroll in classes.

Name Last _____ First _____ Middle _____ Social Security Number _____

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 a copy 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
 If you do NOT claim to be a California resident, check this box, sign and date on the reverse side.
 If you wish to be considered for classification as a California resident, you must complete this form.

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.

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? Yes No Yes No
 If yes, in which state _____
 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

Colleges or Universities Attended:

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

If you claim to be a resident of California and are/were attending a public school outside of California within the last two years, please have the school send a letter stating your residence status for tuition purposes and your permanent address on their records.

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: _____

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 _____

Bank Accounts:

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

Marital Status:

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

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? [] Yes [] No
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
Stationed outside California
State of legal residence

Father [] Yes [] No Mother [] Yes [] No
from _____ to _____ from _____ to _____
from _____ to _____ from _____ to _____

Are your parents divorced or permanently separated? [] Yes [] No

If yes, which parent have you been living with? [] Mother [] Father
From _____ to _____ Address _____

Have you resided with your other parent since divorce? [] Yes [] No

If yes, from _____ to _____ Address _____

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.