

# CHANGE OF CLASSIFICATION PETITION

Check box for term applying for: ☐ Fall 20\_\_\_ ☐ Winter 20\_\_\_ ☐ Spring 20\_\_\_

Check box for student level: Undergraduate Graduate Medical Pharmacy

PLEASE COMPLETE THE CHANGE OF CLASSIFICATION PETITION, SIGN AND DATE.

Submit the petition online with requested documentation prior to the filing deadline for the applicable quarter.

See filing periods at [students.ucsd.edu/finances/fees/residence/status-change.html](https://students.ucsd.edu/finances/fees/residence/status-change.html).

Name: Last First Middle

UCSD PID: \_\_\_\_\_

Current Address (Number, Street, City, State, ZIP)

UCSD Email: \_\_\_\_\_

Permanent Address (Number, Street, City, State, ZIP)

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

## IMMIGRATION STATUS

1) Are you a citizen of the United States? ☐ Yes ☐ No

If no, have you been awarded...

a) Permanent Residence? ☐ Yes ☐ No

Date Awarded: \_\_\_\_\_

b) Employment Authorization? ☐ Yes ☐ No

Date Awarded: \_\_\_\_\_

c) Temporary Residence? ☐ Yes ☐ No

Date Awarded: \_\_\_\_\_

d) United States Visa? ☐ Yes ☐ No

Visa Type: \_\_\_\_\_

Valid From: \_\_\_\_\_ To: \_\_\_\_\_

## PHYSICAL PRESENCE

1) Specify dates of physical presence in California:

From: \_\_\_\_\_ To: \_\_\_\_\_

or ☐ Continuously since birth

2) Have you been absent from California for more than six weeks during the past 12 months?

☐ Yes ☐ No

If yes, you must attach a written statement explaining your absence(s) (include specific dates).

## TAX INFORMATION

Current Last  
Calendar Year Calendar Year

1) Did you/will you file an income tax return as a California Resident or Part-Year Resident? ☐ Yes ☐ No ☐ Yes ☐ No

2) Did you/will you file an income tax return as a Resident of another state? ☐ Yes ☐ No ☐ Yes ☐ No  
If yes, specify state: \_\_\_\_\_

3) Employment Status  
Were you employed in California? ☐ Yes ☐ No ☐ Yes ☐ No

Were you employed outside of California? ☐ Yes ☐ No ☐ Yes ☐ No

If yes, specify state: \_\_\_\_\_

## DRIVER'S LICENSE & MOTOR VEHICLE INFORMATION

1) 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: \_\_\_\_\_

Last renewed: \_\_\_\_\_

2) Do you have a motor vehicle? ☐ Yes ☐ No

If yes, in which state is it registered? \_\_\_\_\_

Date of registration: \_\_\_\_\_

## VOTER REGISTRATION INFORMATION

1) Are you registered to vote? ☐ Yes ☐ No

Which state are you registered with? \_\_\_\_\_ Registration date: \_\_\_\_\_

## MARITAL STATUS

☐ Single

☐ Married or Registered Domestic Partner \_\_\_\_\_  
Date State married in

☐ Divorced or Partnership Terminated \_\_\_\_\_  
Date State divorced in

## HIGH SCHOOLS, COLLEGES, & UNIVERSITIES ATTENDED

| Name of School: | State: | From: | To:   |
|-----------------|--------|-------|-------|
| _____           | _____  | _____ | _____ |
| _____           | _____  | _____ | _____ |
| _____           | _____  | _____ | _____ |
| _____           | _____  | _____ | _____ |
| _____           | _____  | _____ | _____ |

## FINANCIAL INDEPENDENCE

1) Are you financially independent? ☐ Yes ☐ No

2) Did you/will you live with your parents for more six weeks in:  
Current Calendar Year: ☐ Yes ☐ No Last Calendar Year: ☐ Yes ☐ No

3) Did you/will you receive financial support from your parents in:  
Current Calendar Year: ☐ Yes ☐ No Last Calendar Year: ☐ Yes ☐ No

4) Source of your financial support in:

Current Calendar Year: \_\_\_\_\_

Last Calendar Year: \_\_\_\_\_

5) Did/will your parents claim you as an exemption on their state and federal tax returns in:

Current Calendar Year: ☐ Yes ☐ No Last Calendar Year: ☐ Yes ☐ No

6) Do you have legal dependents other than a spouse? ☐ Yes ☐ No

7) Are you/were you a ward of the court? ☐ Yes ☐ No

## MILITARY INFORMATION

1) Are you or your spouse currently on active duty in the U.S. military?

Student (Yourself).

☐ Yes ☐ No

If yes, please specify dates: From: \_\_\_\_\_ To: \_\_\_\_\_

If yes, which state are you stationed? \_\_\_\_\_

If yes, what is your State of Legal Residence (not "home of record") on military records? \_\_\_\_\_

Spouse

☐ Yes ☐ No

If yes, please specify dates: From: \_\_\_\_\_ To: \_\_\_\_\_

If yes, which state are your spouse stationed? \_\_\_\_\_

If yes, what is your spouse's State of Legal Residence (not "home of record") on military records? \_\_\_\_\_

## PARENT INFORMATION

1) Are your parents divorced or legally separated? ☐ Yes ☐ No

If yes, who did you live with last? ☐ Mother ☐ Father ☐ Other

Dates of residence with parent: From: \_\_\_\_\_ To: \_\_\_\_\_

2) If your parent(s) are deceased, please provide the date and place of death.

Father: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Mother: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

## PARENT 1 INFORMATION

(NATURAL OR ADOPTIVE FATHER)

\_\_\_\_\_  
Full Legal Name (Last, First, Middle)

\_\_\_\_\_  
Permanent Mailing Address (Number, Street, City, State, ZIP)

## PHYSICAL PRESENCE

1) Does Parent 1 claim to be a resident of California? ☐ Yes ☐ No

2) Date California became Parent 1's permanent home: \_\_\_\_\_

3) Has Parent 1 been absent from California for more than six weeks during the past 12 months? ☐ Yes ☐ No

If yes, attach a written statement explaining their absence(s) (include specific dates)

## IMMIGRATION STATUS

1) Is Parent 1 a citizen of the United States? ☐ Yes ☐ No

If NO, complete the following questions regarding their status in the U.S.

Has Parent 1 been awarded:

a) Permanent Residence? ☐ Yes ☐ No

First Awarded: \_\_\_\_\_ Last Renewed: \_\_\_\_\_ A#: \_\_\_\_\_

b) Employment Authorization? ☐ Yes ☐ No

First Awarded: \_\_\_\_\_ Last Renewed: \_\_\_\_\_

c) Temporary Residence? ☐ Yes ☐ No

First Awarded: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Visa: \_\_\_\_\_

d) United States Visa? ☐ Yes ☐ No

First Awarded: \_\_\_\_\_ I94 Entry Date: \_\_\_\_\_

## TAX INFORMATION

1) Did Parent 1 file a California income tax return for:

Last Calendar Year: ☐ Yes ☐ No

This Calendar Year: ☐ Yes ☐ No

## MILITARY INFORMATION

1) Is Parent 1 active duty military? ☐ Yes ☐ No

If yes, which state is Parent 1 stationed? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

## DRIVER'S LICENSE & MOTOR VEHICLE INFORMATION

1) Does Parent 1 have a driver's license? ☐ Yes ☐ No

If yes, in which state? \_\_\_\_\_

Date issued: \_\_\_\_\_ Last renewed: \_\_\_\_\_

2) Does Parent 1 have a motor vehicle? ☐ Yes ☐ No

If yes, which state is it registered with?: \_\_\_\_\_

Date registered: \_\_\_\_\_ Last renewed: \_\_\_\_\_

If a non-driver, does Parent 1 have a state identification card? ☐ Yes ☐ No

If yes, in which state? \_\_\_\_\_

Date issued: \_\_\_\_\_ Last renewed: \_\_\_\_\_

**PARENT 2 INFORMATION**

(NATURAL OR ADOPTIVE MOTHER)

Full Legal Name (Last, First, Middle)

Permanent Mailing Address (Number, Street, City, State, ZIP)

**IMMIGRATION STATUS**1) Is Parent 2 a citizen of the United States? ☐ Yes ☐ No

If NO, complete the following questions regarding their status in the U.S.

Has Parent 2 been awarded:

a) Permanent Residence? ☐ Yes ☐ No

First Awarded: \_\_\_\_\_ Last Renewed: \_\_\_\_\_ A#: \_\_\_\_\_

b) Employment Authorization? ☐ Yes ☐ No

First Awarded: \_\_\_\_\_ Last Renewed: \_\_\_\_\_

c) Temporary Residence? ☐ Yes ☐ No

First Awarded: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Visa: \_\_\_\_\_

d) United States Visa? ☐ Yes ☐ No

First Awarded: \_\_\_\_\_ I94 Entry Date: \_\_\_\_\_

**PHYSICAL PRESENCE**1) Does Parent 2 claim to be a resident of California? ☐ Yes ☐ No

2) Date California became Parent 2's permanent home: \_\_\_\_\_

3) Has Parent 2 been absent from California for more than six weeks during the past 12 months? ☐ Yes ☐ No

If yes, attach a written statement explaining their absence(s) (include specific dates)

**TAX INFORMATION**1) Did Parent 2 file a California income tax return for: Last Calendar Year: ☐ Yes ☐ No  
This Calendar Year: ☐ Yes ☐ No**MILITARY INFORMATION**

1) Is Parent 2 active duty military? Yes No

If yes, which state is Parent 2 stationed? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**DRIVER'S LICENSE & MOTOR VEHICLE INFORMATION**1) Does Parent 2 have a driver's license? ☐ Yes ☐ No

If yes, in which state? \_\_\_\_\_

Date issued: \_\_\_\_\_ Last renewed: \_\_\_\_\_

If a non-driver, does Parent 2 a state identification card? ☐ Yes ☐ No

If yes, in which state? \_\_\_\_\_

Date issued: \_\_\_\_\_ Last renewed: \_\_\_\_\_

2) Does Parent 2 have a motor vehicle? ☐ Yes ☐ No

If yes, which state is it registered with?: \_\_\_\_\_ Date registered: \_\_\_\_\_ Last renewed: \_\_\_\_\_

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 all pages of this form and all 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:** \_\_\_\_\_

(City)

**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 the Article IX, Section 9 of the California Constitution. The social security number is used to verify your identity.