CHANGE OF CLASSIFICATION PETITION

UC San Diego

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

Full Name (Last, First, Middle) _____ UCSD PID: _____

Current Address (Number, Street, City, State, ZIP) _____ UCSD Email: _____

Permanent Address (Number, Street, City, State, ZIP) _____ Birthdate: _____ Age: _____

1) Do you claim to be a resident of California? ☐ Yes ☐ No If Yes, date California became your permanent home: _____

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 Calendar Year	Last 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? If yes, specify state: _____	☐ Yes ☐ No	☐ Yes ☐ No
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:

*** If you are an undergraduate student under 24 years of age, please complete the remainder of this form. If not, please sign and date the bottom of the third page.**

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: _____

VOTER REGISTRATION INFORMATION

1) Is Parent 1 registered to vote? ☐ Yes ☐ No
If Yes, in which state? _____ Registration 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: _____

If a non-driver, does Parent 1 have a state identification card? ☐ 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: _____

PARENT 2 INFORMATION
(NATURAL OR ADOPTIVE MOTHER)

Full Legal Name (Last, First, Middle)

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

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)

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: _____

VOTER REGISTRATION INFORMATION

1) Is Parent 2 registered to vote? ☐ Yes ☐ No

If Yes, in which state? _____ Registration date: _____

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.