



## Residency Initial Classification Application for Medical Students

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Submit this application to the Office of Admissions, College of Medicine **only** for initial determination of residency for tuition purposes as a newly admitted medical student at UCF College of Medicine. If you are currently attending UCF as an undergraduate or graduate student and wish to reclassify your current residency for tuition purposes, submission of required documents and COM Residency Reclassification and Affidavit Form to the College of Medicine's Registrar Office. The Registrar's Office will review documents for changes in residency status for anticipated academic year and subsequent terms of attendance. Additional information regarding Residency Reclassification can be found on the Registrar's website: <http://www.med.ucf.edu/students/registrar/>.

This application and accompanying documentation must be submitted on or before the last day of registration of the academic year (term) for which Florida residency classification is sought. Refer to the "M.D. Academic Calendar" for registration deadlines. Please complete the form and provide copies of all supporting documents.

To qualify as a Florida resident for tuition purposes, the student (dependent or independent) must be a U.S. citizen, permanent resident alien, or a legal alien granted indefinite stay by U.S. Immigration, and must have established physical and legal residence in Florida for a least one year. Students who do not meet these basic criteria cannot be classified as residents for tuition purposes. Questions regarding residency status upon application and admission to UCF should be directed to the College of Medicine. Questions regarding a change in residency status for currently enrolled graduate students should also be directed to the College of Medicine.

For information about residency for tuition purposes in the state of Florida visit the Cost of Attendance page on the College of Medicine website at [www.med.ucf.edu/students/financial/cost.asp](http://www.med.ucf.edu/students/financial/cost.asp). If you need additional information or have questions, e-mail [comregistrar@ucf.edu](mailto:comregistrar@ucf.edu).

**In-state status** is only for those residents who reside in the state permanently with established legal domicile in Florida. Permanent Florida residency for tuition purposes is demonstrated by the absence of ties to any other state. An out-of-state permanent address on pertinent records is not indication of established legal domicile in Florida.

Permanent residence is evaluated for the domicile year associated with the initial term of entry to UCF or the term for which you are seeking reclassification.

Students are either dependent or independent. Medical students are considered independent unless documentation provided determines otherwise. A copy of a federal income tax return substantiating dependent status will be required if a student is claiming residency as a dependent of a legal Florida resident. In rare cases, a student may qualify for temporary in-state status by qualifying under an exception category.

### Non-Florida Residents

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted. If I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for Florida Residency Reclassification.

Signature (in black ink):

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Date:

PID (UCF Personal ID):

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UCF College of Medicine – 6850 Lake Nona Blvd., Suite 115, Orlando, FL 32827-7408

To be classified as a Florida resident for tuition purposes, the claimant must demonstrate that they have maintained a bona fide domicile for the full 12 months preceding the first day of class of the term for which residency is desired. *University dormitories, fraternities, sororities, scholarship houses, and other UCF campus addresses are not considered permanent addresses for residency purposes.* The documentation must also show that the claimant has established a permanent relationship with Florida for the same 12 month period and has severed all ties to another state or country. UCF reserves the right to ask for any additional or specific documents that may be needed to verify a claimant residency.

**STUDENT INFORMATION:**

Last Name:

First Name:

**DEPENDENT/INDEPENDENT**

**Dependent:** A person for whom 50% or more of his/her cost of enrollment is provided by another, or as defined by the Internal Revenue Service.

**Independent:** A person who provides more than 50% of their own cost of enrollment, or meets one or more of the following criteria:

- Student is 24 years of age or older by the first day of classes of the term for which residency is sought.
- Student is married.
- Student has children who receive more than half of their support from the student.
- Student is a veteran of or is currently serving in the United States Armed Forces for purposes other than training.
- Both of the student's parents are deceased or the student is or was (until age 18) a ward of the court.
- Student is in graduate status or working on a master's or doctoral degree during the term for which residency is sought.
- Student is classified as independent by the Student Financial Services Office.

I am an independent person, as defined by the criteria listed above, and have maintained legal residence in the state of Florida for at least 12 months.

I am a dependent person. My parent or legal guardian has maintained legal residence in Florida for at least 12 months.

I am married to a person who has maintained legal residence in Florida for at least 12 months. I now have established legal residence and intend to make Florida my permanent home. **(required: copy of marriage certificate)**

**CLAIMANT INFORMATION (all fields required)**

Claimant's First Name:

Claimant's Last Name:

**Relationship to student:**                      **Student**                                      **Parent/Legal Guardian**                                      **Spouse**

**Address:**

**City:**    **State:**    **Zip Code:**

**Phone Number:**                                      **Email Address:**

**DATE CLAIMANT BEGAN ESTABLISHING FLORIDA RESIDENCY**

Has the claimant resident outside of Florida when not enrolled at UCF? **(required: if yes, please provide a written explanation)**    Yes    No

**CITIZENSHIP**

Is the claimant a U.S. Citizen?                      Yes    No    If No, indicate claimant visa status: \_\_\_\_\_

Is the student (if different from claimant) a U.S. Citizen?                      Yes    No    If No, Indicate student's visa status: \_\_\_\_\_

**Required:** Copies of both sides of alien registration card/eligible visa. Eligible visa categories are AR1, E, G, H-1, H-4, I, K, L, N, O-1, O-3, R, T, NATO, asylees, parolees, or refugees.

**EXCEPTIONS TO 12 MONTH PHYSICAL PRESENCE RULE**

*Under certain specified conditions, claimants are not required to maintain a bona fide domicile in Florida for the requisite 12 months period of order to be classified as Florida residents for tuition purposes. These unique conditions are listed below. Check any that apply and provide the indicated accompanying documentation.*

Member of the Armed Florida on active duty, their spouses and/or dependent children, whose home of record is in Florida(**required:** copy of military orders, DD 2058, or LES statements)

Full-time instructional or administrative employee of a Florida public school, community college, or institution of higher education, or their spouse or dependent children (**required:** copy of employment verification)

Full-time employee of a state agency whose fees are paid for by the state for the purposes of job-related law enforcement or corrections training (**required:** copy of employment verification)

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**DOCUMENTATION**

**The following documents are required for every claimant and should reflect ties to Florida for at least 12 months. If your current issue date is less than 12 months prior to the first day of classes then a copy of the previous issued document should be provided in addition to the current one. A copy must be included with any checked items to be considered as proof of Florida residency.**

Driver’s License (**required:** copy of license)

Current Income Taxes Filed (required if claimant as a dependent copy of 1040)

Vehicle Registration (**required:** copy of registration)

Employment (**required:** proof of employment-paycheck stubs covering at least the 12 months prior to the first day of classes, OR a letter from HR dept.

Apartment Lease (**required:** copy of lease)

Purchase of home (**required:** copy of deed/mortgage and copy of Homestead Exemption)

Notarized Letter of Residence (**required:** copy of letter)  
*Residence in someone else’s home does not constitute a permanent residence*

**The following documents are optional but may support a claim of residency. A copy must be included with any checked item to be considered as proof of Florida residency.**

Voter’s Registration	Florida Professional/Occupational License	Declaration of Domicile
Florida Incorporation	Membership in Florida Organizations	Utility Bill

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**CLAIMANT SIGNATURE**

I am the claimant and I have met all requirements for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes, and that a false statement can subject me to penalties for making a false or fraudulent statement pursuant to BOE Rule 6C-6.01(6) F.A.C.

**Claimant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature (if different from claimant):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Submit this form and required documentation to the College of Medicine Admissions Office, no later than the last day of registration for the academic year for which resident status is sought.**

**Please mail or fax this form and required documentation to:**

**UCF College of Medicine – 6850 Lake Nona Blvd., Suite 115, Orlando, FL 32827-7408**