

Residency Initial Classification Application for Medical Students

Submit this application to the Office of Admissions, College of Medicine or 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. If you need additional information or have questions, e-mail 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):					
Date:	PID (UCF Personal ID):				

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/INDEPENDE Dependent: A person for who Service.		er cost of enrollmen	is provided by another	, or as defined by the Internal Re	evenue
 Student is 24 years of Student is married. Student has children Student is a veteran of Both of the student's Student is in graduate 	age or older by the first of who receive more than holf or is currently serving parents are deceased or t	day of classes of the nalf of their support in the United States the student is or was mater's or doctoral	term for which residend from the student. Armed Forces for purpo s (until age 18) a ward o degree during the term	ses other than training.	ia:
I am an independent personal least 12 months.	on, as defined by the crite	eria listed above, an	d have maintained legal	residence in the state of Florida	for at
\square I am a dependent person.	My parent or legal guard	dian has maintained	legal residence in Flori	la for at least 12 months.	
I am married to a person wand intend to make Florid				I now have established legal res	idence
CLAIMANT INFORMATION	(all fields required)				
Claimant's First Name:		Claimant	s Last Name:		
Relationship to student:	☐ Student	Parent/l	egal Guardian	Spouse	
Address:					
City:	State:		Zip	Code:	
Phone Number:	Email A	ddress:			
DATE CLAIMANT BEGAN E	STABLISHING FLORI	DA RESIDENCY			
Has the claimant resident outs	ide of Florida when not e	enrolled at UCF? (re d	quired: if yes, please pro	vide 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 🗖	o 🔲 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

indicated accompanying docu	mentation.	
Member of the Armed Florid of military orders, DD 2058,	a on active duty, their spouses and/or dependent children or LES statements)	n, whose home of record is in Florida(<i>required:</i> copy
	ministrative employee of a Florida public school, commun on (required : copy of employment verification)	nity college, or institution of higher education, or their
Full-time employee of a state training (<i>required:</i> copy of e	e agency whose fees are paid for by the state for the purpo employment verification)	ses of job-related law enforcement or corrections
DOCUMENTATION		
issue date is less than 12 m	are required for every claimant and should reflect ties nonths prior to the first day of classes then a copy of the . A copy must be included with any checked items to	ne previous issued document should be provided in
Driver's License (<i>required:</i> o	copy of license)	
Current Income Taxes Filed	(required if claimant as a dependent copy of 1040)	
☐Vehicle Registration (<i>require</i>	ed: copy of registration)	
Employment (<i>required:</i> pro HR dept.	of of employment-paycheck stubs covering at least the 12 m	nonths prior to the first day of classes, OR a letter from
Apartment Lease (<i>required:</i>	copy of lease)	
Purchase of home (<i>required</i>	copy of deed/mortgage and copy of Homestead Exemption	n)
Notarized Letter of Residence Residence in someone else's he	e (required: copy of letter) ome does not constitute a permanent residence	
The following documents a considered as proof of Flor	re optional but may support a claim of residency. A coida residency.	opy must be included with any checked item to be
☐ Voter's Registration	Florida Professional/Occupational License	Declaration of Domicile
Florida Incorporation	Membership in Florida Organizations	Utility Bill
CLAIMANT SIGNATURE		
statement in this affidavit wi	met all requirements for classification as a Florida reside ill subject me to penalties for making a false statement pu penalties for making a false or fraudulent statement pursi	rsuant to 837.06, Florida Statutes, and that a false
Claimant Signature:		Date:
Student Signature (if differ	ent from claimant):	Date:
	ired documentation to the College of Medicine Admiss	sions Office, no later than the last day of
_	nic year for which resident status is sought.	
Please mail or fax this form	<u>1 and required documentation to:</u>	

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

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