



The Admissions Office for the College of Medicine determines residency for all first-time medical students. http://www.med.ucf.edu/admissions/residency.asp

In accordance with S1009.21 Florida Statutes, Rules 6A-10.044 and 6A-20.003, Florida Administrative Code, and the Board of Governors Residency Regulation, the College of Medicine is required to adhere to specific procedures in making determinations for residency reclassification for students who were initially classified as non-Florida residents for tuition purposes.

The burden of proof is on the student applying for reclassification to present clear and convincing documentation that supports permanent legal residency in th s state for at least 12 months rather than temporary residency for the purpose of pursuing an education.

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.

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 Reclassification is sought. Refer to the "M.D. Academic Calendar" for registration deadlines. Please complete the form and provide copies of all documents.

STUDENT INFORMATION

Last Name: First Name: Personal ID (PID) (required): Phone Number: Knights E-mail Address: @knights.ucf.edu Term requesting reclassification Year Have you previously applied for residency reclassification? Yes Year Term No

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 mater'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 (if different from student: \_\_\_\_\_

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: \_\_\_\_\_

**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)

**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) Previous Issue Date \_\_\_\_\_ Current Date \_\_\_\_\_  
 Vehicle Registration (required: copy of registration) Previous Issue Date \_\_\_\_\_ Current Date \_\_\_\_\_

**To be reclassified as a Florida resident for tuition purposes**, the claimant must demonstrate that they have maintained a **bona fide domicile** for the full 12 months immediately preceding the first day of class of the Term for which residency is desired. 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 COM reserves the right to ask for any additional or special documents that may be needed to verify a claimant's residency. Select which applies to claimant.

Apartment Lease ( <b>required:</b> copy of lease)	Date _____ to Date _____
Notarized letter of residence ( <b>required:</b> copy of letter)	Date _____ to Date _____
Purchase of home ( <b>required:</b> copy of deed or mortgage)	Date _____
Homestead exemption ( <b>required:</b> copy of exemption)	Date _____

The following documents are optional and 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 ( <b>required:</b> copy of registration)	Issue Date _____
Declaration of domicile ( <b>required:</b> copy of declaration)	Issue Date _____
Employment ( <b>required:</b> proof employment)	Date _____ to _____ Date _____
Membership in Florida organizations ( <b>required:</b> proof of membership)	Date _____ to _____ Date _____
FL professional/occupational license ( <b>required:</b> copy of license)	Date _____ to _____ Date _____
Florida Incorporation ( <b>required:</b> copy of incorporation)	Date _____
Utility bills ( <b>required:</b> copy to demonstrate 12 months)	Date _____

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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:**