



Request for Residency Reclassification

A “legal resident” or “resident” is a person who has maintained his or her residence in this state for the preceding year, has purchased a home which is occupied by him or her as his or her residence, or has established a domicile in this state pursuant to Florida State Statute, 222.17.

However, a “resident for tuition purposes” is a person who qualifies as provided in state statute, F.S. 1009.21, for the in-state tuition rate; a “non-resident for tuition purposes” is a person who does not qualify for the in-state tuition rate. It is possible to be both a “legal resident” of the state and a “non-resident for tuition purposes” concurrently.

An independent student who is claiming residency must show that his/her residency in the state was not merely temporary or incidental to enrolling at the institution of higher education. Living in or attending school in Florida will not, in itself, establish legal residence for tuition purposes.

Residency reclassification determinations are made pursuant to state statute, F.S. 1009.21, and Board of Education Rule 6A-10.044. Students are strongly encouraged to read these standards along with the state guidelines. To access the guidelines, go to <http://facts.org> and click on “Applying for College.” The link to the guidelines will be listed on that page.

Florida Residency for Tuition Purposes is based solely on an independent claimant. If a student is dependent as per federal tax law, then the parent or legal guardian becomes the claimant, and residency for tuition purposes is based on that parent or legal guardian. If a student is independent as per federal tax law, the student is the claimant and residency for tuition purposes is based on the student. In most cases, copies of federal income tax returns are required to substantiate dependent or independent status.

The claimant must establish and maintain a legal Florida residence for at least twelve (12) months prior to the first day of classes in the semester for which in-state residency status is sought. The twelve (12) months qualifying period requires documentary evidence as requested by the appropriate college official. Examples of relevant documentation may be found on the Residency Reclassification Request Form.

As stated earlier, an independent student claiming residency must also show that his/her residency in the state of Florida was not merely temporary or incidental to enrolling at the college. Additional evidence or documentation will be required for meeting this requirement of reclassification. This requirement must be satisfied in order to obtain residency for tuition purposes.

The deadline to submit your application is the day before classes begin for the term in which you are applying. Residency reclassification cannot be applied retroactively to previous terms.

Gulf Coast State College is authorized to make decisions regarding Residency for Tuition Purposes within the bounds of the law. In reaching these determinations, Gulf Coast State College will evaluate all documents submitted and information available.

Information contained in this document in no way supersedes or replaces F.S. 1009-21, Board of Education Rule 6A-10.044 or Board of Governors Rule. This document is provided merely as an information resource only.

Gulf Coast State College, Admissions & Records, 5230 West Highway 98, Panama City, FL 32401-1058, 850-769-1551



Request for Residency Reclassification

GCSC ID# _____ Last Name _____ First Name _____ MI _____ Date of Birth _____ Age _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Email Address: _____

Residency Reclassification Year: _____ Fall Spring Summer

Have you previous applied for a change of residency? _____ If yes, what term? _____ First GCSC term: _____

Are you a US citizen? _____ Are you a permanent resident alien or a legal alien granted indefinite stay by DHS? _____

(Required: Copy of both sides of alien registration card or verification of visa status from Bureau of Naturalization and Immigration Services. Eligible visa categories: A, E, G, H-1, H-4, I, K 1-4, L, N, O-1, O-3, R, TN/TD, NATO 1-7, asylees, parolees or refugees.)

Dependent/Independent Status (Check one category)

- Dependent: a person for whom fifty (50) percent or more of his/her support is provided by another as defined by the federal tax law.
- Independent: a person who provides more than fifty (50) percent of his/her own support.

I am an independent person and have maintained legal residence in Florida for at least twelve (12) months (**required:** a copy of your most recent tax return and a copy of your parent's most recent tax return if you are under 24 years of age).

I am a dependent person. My parent or legal guardian has maintained legal residence in Florida for at least twelve (12) months (**required:** copy of your parent or legal guardian's most recent tax return).

I am married to a person who has maintained legal residence in Florida for at least twelve (12) months. I now have established legal residence (**residence:** copy of marriage certificate, claimant's legal documents and student's legal documents).

Claimant Information: Self Parent/legal Guardian Spouse Other _____

(Please provide copies of as many of the following documents as possible. If you have applied for reclassification in the immediate previous term, you do not need to submit additional copies of previously submitted documentation.)

Documentation:	Issue Date
<input type="checkbox"/> Florida driver's license or Florida ID card (required: copy of license or card)	_____
<input type="checkbox"/> Florida vehicle registration (required: copy of registration)	_____
<input type="checkbox"/> Florida voter's registration (required: copy of registration)	_____
<input type="checkbox"/> Declaration of domicile (required: copy of declaration)	_____
<input type="checkbox"/> Homestead exemption (required: copy of homestead exemption)	_____
<input type="checkbox"/> Full or part-time employment (required: employer verification)	_____

Additional Documentation:

Issue Date

- Lease for apartment/hou8se (**required:** copy of lease agreement) _____
- Florida professional/occupation license (**required:** copy of license) _____
- Florida incorporation (**required:** corporate verification) _____
- Membership in Florida organizations (**required:** proof of membership) _____
- Documents evidencing immediate family (parents or children) in Florida _____

Are there other documents that you feel support your case? If so, attach copies and list here:

All applications must include documentation that residency in the state is temporary or incidental to their enrollment at the college to qualify for residency reclassification. F.S. 1009.21.2.a.2

Exception Categories, s.1009.21: Complete this section in full if you are claiming Florida residency for tuition purposes under an exception category as listed in state statute. Attach required documentation.

- I am a dependent person who **has resided for fives with an adult relative other than my parent or legal guardian**, and my relative as maintained legal residence in Florida for at least twelve (12) months. (**Required:** copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)
- I was **previously enrolled at a Florida state institution** and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile **less than 12 months ago** and am now re-establishing Florida legal residence. (**required:** copy of enrollment verification or official transcript).
- I am a full-time instructional or administrative employee **employed by a Florida public school, State college or institution of higher education** or I am the employee's **spouse or dependent child**. (**required:** copy of employment verification).
- I am a **full-time employee of a state agency** or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training. (**required:** copy of employment verification).
- I am a qualified beneficiary under the terms of the **Florida Prepaid College Program** (s.1009.98, F.S.). (**required:** copy of Florida prepaid recipient card).
- I am a **Southern Regional Education Board's Academic Common Market** graduate student. (**required:** certification letter from state coordinator).
- I am a **McKnight Fellowship** recipient. (**required:** verification from Graduate Studies).
- I am a part of the **Latin American/Caribbean scholarship program**. (**required:** copy of scholarship papers).
- I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the **FSU Panama Canal Branch**, or I am the student's **spouse or dependent child**. (**required:** copy of enrollment certification and marriage certificate or proof of dependency).
- I am a US citizen living outside the United States who is teaching at a **Department of Defense Dependent School** or in an **American International School**, who is enrolled in a graduate level education program which leads to a Florida teaching certificate. (**required:** copy of enrollment verification or official transcript).

- I am a **member of the armed services of the United States** and am stationed in Florida on active military duty pursuant to military orders, or who home of record is Florida, or I am the member's **spouse or dependent child**. (**required:** copy of military orders or DD2058 showing home of record).
- I am an active member of the Florida National Guard who qualifies under s.250.10 (7) and (8) for the tuition assistance program. (**required:** documentation pursuant to s.250.10 (7) and (8).)
- I am an **active duty member** (or spouse or dependent child of) of the **Armed Services of the United States, the Canadian military** under the North American Air Defense (NORAD) Agreement or other **foreign nation's military** who is station in Florida and attending a public State college or the university within 50 miles of the military establishment where the member is stationed, if such a military establishment is in a county contiguous to Florida. (**required:** copy of military orders).
- Student (or parent/legal guardian if dependent) is not enrolled full-time in a Florida higher education institution during the previous 12 months.
- Student (or parent/legal guardian if dependent) has maintained a full-time permanent job in Florida during the previous 12 months. Full-time employment is considered one or more permanent jobs for a minimum of 30 hours per week.
- Student (or parent/legal guardian if dependent) was transferred to a full-time permanent job in Florida prior to initial enrollment as confirmed on corporate or organizational letterhead.
- Student (or parent/legal guardian if dependent) has an immediate relative (i.e., parent or child) who is currently living in Florida and who has resided in this state for the previous 12 months.
- Student (or parent/legal guardian if dependent) has purchased a home in Florida as primary residence (evidenced by a homestead exemption) prior to initial enrollment.
- Student (or parent/legal guardian if dependent) has received a military discharge and established residency in Florida prior to initial enrollment.
- Student (or parent/legal guardian if dependent) received social service benefits (e.g. disability) from the State of Florida during the previous 12 months.
- Student (or parent/legal guardian if dependent) lost their house or other domicile in another state due to severe natural disaster or crisis resulting in a state of emergency (e.g., hurricane or earthquake) that occurred prior to initial enrollment.

Individual claiming residency must complete this section in full.

Name of Student: _____ Student GCSC ID#: _____

Name of individual claiming Florida residency (claimant): _____

Date claimant began establishing legal Florida residence and domicile: _____

I, _____, do hereby swear or affirm that I have been a Florida resident and domiciliary for the preceding 12 months or that I qualify under the exception checked above. Florida is my true, fixed, permanent home and place of habitation. As evidence of my intention to make Florida my permanent home, I have supplied documents that show that I began establishing residence and domicile at least 12 months ago. I understand that a false statement in this affidavit will subject me to penalties pursuant to 837.06, Florida Statutes, and to Rule 6C-6.001 (6, F.A.C.).

Signature of Claimant of Florida Residency for Tuition Purposes

Date



Student Financial Statement

GCSC ID#: _____ Name: _____ Date: _____

The Student Financial Statement is a guide to help the residency reclassification committee determine independent/dependent financial status.

NOTE: Students under the age of 24 are required to complete this financial statement in support of their claim of “independent” status. Attach additional financial documentation as necessary.

Were you claimed as a dependent on your parent or legal guardian’s Federal and/or State (if applicable) Tax Return(s) for the preceding calendar year?

Yes No (Copies of your tax returns and your parents’ tax returns are required).

Did you receive any type of financial aid (e.g. student loans, grants, scholarships, etc.) for the preceding academic year?

Yes No (If yes, you must provide copies of your Financial Aid Award Letters).

NOTE: Federal, state and institutional aid or scholarships cannot be used to determine independence. However, private loans and scholarships are applicable.

Please complete the following section regarding your sources of support/income:

Employment income: (Identify name of employer, dates of employment, rate of pay, and number of hours per week)

Name of Employer	Employment Dates	Rate of Pay	Hours per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Private Financial Aid: (Identify source of aid, academic year of award, and amount of award)

Source (loan, grant, scholarship, etc.)	Academic Year	Amount Awarded
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Sources of Support:

Source	Amount	Method of Payment (lump sum, mo. Payments)
Trust Fund/Inheritance	_____	_____
Other (indicate source in space provided)	_____	_____
Other (indicate source in space provided)	_____	_____

Please provide a summary of your income/assets and costs/expenses for the last twelve months:

	Income/Assets		Costs/Expenses
Employment	_____	Rent/Mortgage	_____
Private Financial Aid	_____	Utilities	_____
Other	_____	Tuition	_____
	_____	Food	_____
	_____	Medical	_____
	_____	Other	_____
Total	_____	Total	_____

NOTE: You are required to support your claim of independent status by documenting all claims, e.g. employment records, tax returns, affidavits, financial aid award letters, bank records, etc.

I do hereby swear or affirm that the information contained herein is true and accurate to the best of my knowledge.

Student Signature: _____

Date: _____