

Residency Reclassification Information Sheet

If you believe you should be classified as a resident, complete the Residency Reclassification Questionnaire and return to the appropriate San Mateo County Community College (SMCCCD).

California Education Code, Sections 68000-70902 "The burden is on the student to demonstrate clearly, with proof, both physical presence in California an intent to establish California residence."

Residency reclassification requires the completion of the Reclassification Questionnaire and at least two documents to support **both physical presence in California for more than one year prior to the start of the semester**, as well as proof of Citizenship. Supporting documentation may include, but is not limited to, the following:

Physical Presence

Proof of residency must reflect:

- Student's name;
- Student's California address;
- Documents should be dated at least one year and one day prior to the beginning of the semester you plan to attend.

Documents

- Bank account statement; Need copy of statement prior to one year AND a copy of current statement.
- Utility bill; Need copy of bill prior to one year AND a copy of current bill.
- Rental (housing) agreement; (**name and current address must be on the agreement as stated in college records**).
- Motor vehicle registration certificate; Need a copy of prior registration AND current.
- **California 540** income tax; last two years.
- Proof of employment; Need copy of Prior and Current.
- California driver's license or California State I.D. card.

If you have attended college outside of California in the past one year and one day:

- You will need to provide proof that you were paying Non-Resident (Out-of-State) tuition at that school.

If you are deriving residency through your parents:

- Parent's must provide last two years of California 540 income tax return that includes you as their dependent
- Parents must provide two documents for Physical Presence

Non-U.S. Citizens must also submit documentation of VISA Type/Immigrant Classification

Proof of Citizenship

SMCCCD requires verification of your immigration status before classifying you as a resident. Your visa or status must enable you to establish domicile in California (**see below**). Please provide your current valid Visa, Permanent Resident Card, or Employment Authorization card and any documentation proving that you have held that visa or status for at least one year and one day before the first day of the semester you are registering.

ALL DOCUMENTS USED TO RECLASSIFY RESIDENCY MUST BE DATED ONE YEAR AND ONE DAY BEFORE THE FIRST DAY OF THE SEMESTER IN WHICH YOU ARE RECLASSIFYING.

A student who is a non-U.S. Citizen may establish his/her residence **if not precluded** by the Immigration and Nationality Act from establishing domicile in the United States.

Not all visas or immigration statuses allow an immigrant to establish domicile in the United States; and before we look at any evidence that a student has been physically present in California, we must determine if that student is eligible to establish domicile. Documents that a student can use to verify their INS status are:

- I-766 Employment Authorization Card;
- I-551 Permanent Resident Card;
- Passport stamped Processed for I-551 with expiration date;
- I-94 stamped Processed for I-551 with an expiration date;
- I-94 stamped Temporary Form I-551;
- I-94 Refugee;
- I-94 Asylum Granted;
- I-130, prior to approval;
- I-589 stamped Request for Asylum;
- Visa category: A, E, G, H-1A, H-1B, H-1C, H-4 (**H-4 must show proof that he/she is a spouse or child of H-1B or H-1C**), I, K, L, or R; or
- **DACA** students will be required to submit a copy of the I-797C, Notice of Action, or DACA card

This list is not all-inclusive but contains common documentation that students use to verify their INS status. Please keep in mind that any INS document you provide **must be dated on or before one year and one day prior to the first day of the semester in which you are reclassifying must be currently valid or must have expiration dates that are concurrent with or overlap the issue date of the currently valid INS status.**



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

SMCCCD

RESIDENCY RECLASSIFICATION QUESTIONNAIRE

Check Appropriate College

Admissions

Cañada College

4200 Farm Hill Boulevard
Redwood City, CA 94061
Phone: (650) 306-3226
Click [Here](#) to Submit

Admissions

College of San Mateo

1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Click [Here](#) to Submit

Admissions

Skyline College

3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Click [Here](#) to Submit

Student's ID# G: _____

Last Name _____ First Name _____ Middle _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Semester (please check the appropriate semester): Spring Summer Fall Year: _____

1. Birth Date: Month _____ Day _____ Year _____

2. What state do you regard as your permanent residence: _____ Since what date? _____

3. Are you a citizen of the United States? Yes No

If no, what type of Immigration status do you hold? _____

Date of Issue: _____ (attach a copy **immigration status**) Number: _____

4. When did your present stay in California begin? Month _____ Day _____ Year _____

5. Have you been enrolled in any university, college or community college? Yes No

If yes, list all schools attended:

College/University	State	Attended From Month/Year	Attended To Month/Year	Resident/Non-Resident Fee-Status

6. Have you been employed in California during the past two years? Yes No If yes, list employer(s) and dates.

Employer	City	From – Month/Year	To – Month/Year

7. Where did you pay STATE income taxes for the past year? _____

8. Have you ever registered to vote? Yes No

If yes, what state? _____ Date registered _____ Date voted _____

OFFICE USE ONLY: _____ Accept _____ Denied _____ Date: _____ Processed by: _____

Comment: _____

9. Are you or either of your parents a full-time employee of the San Mateo Community College District? Yes No
If yes, Name _____ Relationship _____ Date separated, if any _____
10. Are you, your spouse or parent a member or a veteran of the U.S. Armed forces? Yes No
If yes--Relationship _____ Date separated, if any _____

Place a check next to all that apply to you

- Active Duty Service Member (provide a copy of orders) Currently Stationed in California? Yes No
- Member of the California National Guard or Reserve (provide a copy of orders); Current Stationed in California?
 Yes No
- Dependent of current active duty military stationed in CA (provide a copy of service member's orders)
- Member discharged from CA (provide DD-214)

DD-214 Date of Discharge: ____/____/____

Home State of Record: _____ Address after separation: _____

Do you intend to make California your permanent residence? Yes No

MILITARY NON-RESIDENT TUITION EXEMPTION SECTION

To be completed if you, your spouse or parent is a member or a veteran of the U.S. Armed Forces. Effective August 01, 2021 covered individuals under title 7, section 702 of the Veterans Access, Choice, and Accountability Act (VACA H.R. 3230) and their qualified dependents who begin attending an institution of higher learning located in the same state they reside may qualify for an exemption of non-resident fees. See catalog for details on covered individuals.

Complete the information below to identify if you qualify for this exemption.

10.1. Are you currently physically present in California? ___ Yes ___ No

10.2. Please place a check next to all that apply to you:

- Covered Individual- under Isakson and Roe (must provide certificate of eligibility, have not exhausted eligibility and be using the covered benefit to qualify).
- Chapter 30 - Montgomery GI Bill®
- Chapter 31 - VR&E (Veterans Readiness and Employment Program)
- Chapter 33 - Post-9/11 GI Bill® including:
- Dependents using Chapter 33 - Transfer of Entitlement (TOE) benefits
- Surviving Spouses or Children under the Fry Scholarship

Reference: 38 U.S. Code §3679 and CA ED Code §78075.78

I hereby certify under penalty of perjury that to the best of my knowledge, all of the above statements are correct and complete.

I also understand that willful omission, falsification, or failure to report changes in residence may result in my dismissal from the college.

Student Signature: _____

TO BE COMPLETED BY STUDENTS UNDER 19 YEARS OF AGE

11. Do you have a living parent? Yes No If yes, name: _____

Permanent address: _____

Does this parent currently reside in California? Yes No

If yes, when did their present stay in California begin? _____

If no, what state or country do they regard as their permanent home? _____

Are they presently on full-time duty in the United States Armed Service? Yes No

If yes, their Duty Station: _____ Since: _____

Have they been separated from full-time duty in the U.S. Armed Service during the past year? Yes No

12. Do you have an additional parent living? Yes No

Permanent address: _____

Does this parent currently reside in California? Yes No

If yes, when did their present stay in California begin? _____

If no, what state of country do they regard as their permanent home? _____

Are they presently on full-time duty in the United States Armed Service? Yes No

If yes, their Duty Station: _____ Since: _____

Have they been separated from full-time duty in the U.S. Armed Service during the past year? Yes No

13. Are you currently under the care and control of a guardian (other than a parent)?

Yes No If yes Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

What date did you begin living under such care and control? Month _____ Day _____ Year _____

TO BE COMPLETED BY ALL STUDENTS -- DECLARATION

I certify that the foregoing statements on this form and on any pages submitted with it and any oral or written statements made by me in connection with the determination of my residence for tuition purposes are, and each of them is, true and correct. I further certify that, as long as I am a student at this college, I will advise the Office of Admissions and Records if there is a change in any of the facts upon which the determination was made. These facts include: my state of residence, the state of residence and marital and military status of parents, stepparents, or the person having direct care and control of me. I understand that falsification of any statement may result in cancellation of my registration and denial of future admissions.

Signature of Applicant: _____ Date: _____