

# 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).

Residency reclassification requires the completion of the Reclassification Questionnaire and documentation 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:

- Rental (housing) agreement (**name and current address must be on the agreement as stated in college records**);
- California driver's license or California State I.D. card;
- Motor vehicle registration certificate;
- Voter registration card;
- Letter from employer (**on company letterhead**) certifying date and location of employment;
- Bank account statement. Need copy of statement prior to one year plus a copy of current statement (**name and current address must be on the latest bank statement as stated in college records**);
- Most recent **California 540** income tax return.
- Parent's most recent **California 540** income tax return that includes **you as their dependent**.
- **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.

## Proof of residency must reflect:

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

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

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-688, I-688A-B, 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...and...must be currently valid or must have expiration dates that are concurrent with or overlap the issue date of the currently valid INS status.**

# RESIDENCY RECLASSIFICATION QUESTIONNAIRE

## Check Appropriate College



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

**SMCCCD**

Admissions  
**Cañada College**  
4200 Farm Hill Boulevard  
Redwood City, CA 94061  
Phone: (650) 306-3226  
Fax: (650) 306-3113

Admissions  
**College of San Mateo**  
1700 West Hillsdale Blvd.  
San Mateo, CA 94402  
Phone: (650) 574-6165  
Fax: (650) 574-6506  
csmadmission@smccd.edu

Admissions  
**Skyline College**  
3300 College Drive  
San Bruno, CA 94066  
Phone: (650) 738-4251  
Fax: (650) 738-4200

Student's ID# G: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ 2<sup>nd</sup> 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. Have you lived in California continuously since birth?  Yes  No

**If no**, list places and dates where you lived before your present stay in California. List parent or relationship of person with whom you resided prior to age 18.

Form Mo/Day/Year	To Mo/Day/Year	State/Nation	Name Person with whom you resided	Relationship to you

5. When did your present stay in California begin? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

**If yes**, list all school attended (including Cañada, College of San Mateo or Skyline):

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

7. 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

**OFFICE USE ONLY:** \_\_\_ Accept \_\_\_ Denied Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

Comment: \_\_\_\_\_

8. Where did you pay **STATE** income taxes for the past year? \_\_\_\_\_
9. Have you ever registered to vote?  Yes  No  
**If yes**, what state? \_\_\_\_\_ Date registered \_\_\_\_\_ Date voted \_\_\_\_\_
10. Are you or either of your parents a full-time employee of the San Mateo Community College District?  
 Yes  No If yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_
11. 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 \_\_\_\_\_

**TO BE COMPLETED BY STUDENTS UNDER 19 YEARS OF AGE**

12. Is your father living?  Yes  No If yes his name: \_\_\_\_\_  
 His permanent address: \_\_\_\_\_  
 His present actual whereabouts: \_\_\_\_\_  
 How long (continuously) has he lived in California, if at all? \_\_\_\_\_  
 What state does he regard as his permanent home? \_\_\_\_\_  
 Is he presently on full-time duty in the United States Armed Service?  Yes  No  
 If yes his Duty Station: \_\_\_\_\_ Since: \_\_\_\_\_  
 Has he been separated from full-time duty in the U.S. Armed Service during the past year?  Yes  No
13. Is your mother living?  Yes  No If yes her name: \_\_\_\_\_  
 Her permanent address: \_\_\_\_\_  
 Her present actual whereabouts: \_\_\_\_\_  
 How long (continuously) has she lived in California, if at all? \_\_\_\_\_  
 What state does she regard as her permanent home? \_\_\_\_\_  
 Is she presently on full-time duty in the United States Armed Service?  Yes  No  
 If yes her Duty Station: \_\_\_\_\_ Since: \_\_\_\_\_  
 Has she been separated from full-time duty in the U.S. Armed Service during the past year?  Yes  No
14. Are you currently under continuous and direct care and control of any person or persons 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.

**Check here if you would you like to be notified of your residency change. You will be notified through your smccd.edu email account.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_