

All students are classified as either a resident of the State of California or non-resident when applying for admission. The residency status determines whether students will be charged non-resident tuition and capital outlay in addition to CA enrollment fees.

Residency changes are not automatic. For more information, see "Residency" on the Admissions and Records webpage at [marin.edu/admissions/](http://marin.edu/admissions/).

To be considered a California resident for tuition purposes, you must:

1. Be physically present in California for at least one year and one day prior to the first day of the semester, and
2. Show documentation of intent to establish California residency dating at least one year and one day prior to the first day of the semester to present, and
3. Not be precluded from establishing residency by provisions of the Immigration and Nationality Act

Semester Reclassification requested for (check only one): ☐ Fall ☐ Spring ☐ Summer

PRINT FULL LEGAL NAME

STUDENT ID #

BIRTH DATE

AGE

PHONE

MAILING ADDRESS (number and street)

CITY

STATE

ZIP CODE

EMAIL ADDRESS

What is your current national status at this time?

- ☐ U.S. Citizen  
☐ Immigrant – Permanent Resident  
☐ Temporary Resident  
☐ Refugee/Asylee  
☐ Visa (indicate type):

Non U.S. Citizen documentation to prove immigration status may be such things as: passport, permanent resident card, and proof of original file date on Notice of Action.

Documentation must date back at least 365 days prior to the first day of the semester in order to be eligible for CA resident status. Status must be able to establish residence. You must provide documentation of your citizenship/immigration status.

Other:

**Residency Reclassification Request Form**

PAGE 2 OF 5

**When did your present stay in California begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_Have you lived at your current address for the past two years? ☐ Yes ☐ No**If no**, please list your previous addresses for the past two years:

Address \_\_\_\_\_ City/State \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**In the last year, have you:**☐ Yes ☐ No Registered to vote or voted in a state other than California☐ Yes ☐ No Petitioned for a divorce as a resident of another state?☐ Yes ☐ No Attended an out-of-state institution as a resident of that state?☐ Yes ☐ No Declared non-residence for California income tax purposes?**If you answered yes to any of the questions above, please give a brief explanation:****DOCUMENTATION OF CA RESIDENCE**

The documents presented must be valid, legible, and cover the **one year and one day period before the first day of the semester (residency determination date)**. Documents must be properly identified with the student's name and a corresponding CA address.

The burden of proof is on the student to clearly demonstrate both physical presence in CA and intent to establish a permanent home in CA. You are required to present evidence in accordance with Ed Code Sections 68040 et seq. The one-year residence period which a student must meet to be classified as a resident does not begin to run until the student both is present in CA and has manifested clear intent to become a CA resident. (T554028)

**You must provide 2 to 3 of the following kinds of documentation from the list below. (If you are under 19 before the first day of the semester, please provide documentation of your parent's CA residence.) No item category may be used more than once. Please be aware that every case for residency is different based on the individual's situation; therefore, College of Marin's Residency Specialist has the right to request additional documentation.**

- Documentation of ownership **and** continuous occupancy of residential property **or** continuous occupancy of rented or leased property, in CA, covering the one-year period prior to the Residence Determination Date.

Date on lease or purchase: \_\_\_\_\_ Does the lease/ownership cover the one year period? ☐ Yes ☐ No

- Documentation of Voter Registration and voting in CA. Date Issued: \_\_\_\_\_

- Licensing from CA for professional practice. Date Issued: \_\_\_\_\_

**Residency Reclassification Request Form**

PAGE 3 OF 5

- Showing CA as home address on federal income tax return (form 1040) from previous year. Year filed: \_\_\_\_\_
- CA State income tax return filed as a CA resident (Form 540) from previous year coupled with employment pay stubs dated prior to the determination date of residency. Pay stubs must reflect the student's employment.  
Year filed: \_\_\_\_\_
- Valid CA Motor Vehicle Registration. (Issue date must date back one year plus one day.)  
Date Issued: \_\_\_\_\_
- Possessing a CA driver's license or IDcard:  
DL/ID# \_\_\_\_\_  
Expiration date: \_\_\_\_\_ Date Issued: \_\_\_\_\_
- Statements from an active bank account in CA; must provide statements dated prior to the residency determination date and current statement to verify the account is still active.  
Date on oldest statement provided: \_\_\_\_\_ Still currently active? ☐ Yes ☐ No
- CA marriage license or petition for a divorce in CA. Date Issued: \_\_\_\_\_
- Receipts showing payment of non-resident tuition at an out-of-state institution (outside CA) with a CA permanent home address.
- Utility bills (gas, water, power, telephone) covering the one-year period prior to the residence determination date.  
Date of oldest bill provided: \_\_\_\_\_ Still currently active? ☐ Yes ☐ No
- Documentation of public assistance, rehabilitation, unemployment, or other CA State services/benefits received from a CA State agency covering the one-year period prior to the residence determination date.  
Date on oldest document provided: \_\_\_\_\_ Still currently active? ☐ Yes ☐ No
- Selective Service registration with a permanent CA address. Date Issued: \_\_\_\_\_

Please list below other things you have done to justify your request to be classified as a CA resident. Physical presence in CA solely for educational purposes does not establish residency.

**PLEASE COMPLETE IF YOU ARE UNDER 25 YEARS OF AGE BEFORE THE FIRST DAY OF THE SEMESTER:**

**Student Financial Independent Status:**

1. Have or will your parents claim you for tax purposes this calendar year? ☐ Yes ☐ No
2. Were you claimed as a dependent for tax purposes within the last two years? ☐ Yes ☐ No
3. Have or will you receive \$750 or more in financial assistance from your parents/sponsor this calendar year?  
☐ Yes ☐ No
4. Did you receive \$750 or more in financial assistance from your parents/sponsor within the last two years?  
☐ Yes ☐ No
5. Have or will you live with your parents for more than six weeks this calendar year? ☐ Yes ☐ No
6. Have you lived with your parents for more than six weeks at any time within the last two years? ☐ Yes ☐ No
7. Are your parents CA residents? ☐ Yes ☐ No

**If yes**, has your mother and/or father lived in CA continuously for the last two years?

Mother: ☐ Yes ☐ No      Father: ☐ Yes ☐ No

**If either is no**, what day did their present stay in CA begin?

Mother, Date: \_\_\_\_\_ Father, Date: \_\_\_\_\_

**If no**, indicate the state the parent lived in prior to CA:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

8. Indicate your source of financial support for last year and the current year:

Last year source: \_\_\_\_\_

Current year source: \_\_\_\_\_

**PLEASE COMPLETE IF YOU ARE UNDER 19 YEARS OF AGE BEFORE THE FIRST DAY OF THE SEMESTER:**

1. With whom do you live?  
Please check: ☐ Both Parents ☐ Mother ☐ Father ☐ Someone else
2. Are your parents California residents? ☐ Yes ☐ No If no, indicate the state of residence for each of your parents:  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_
3. Has your mother and/or father lived in CA continuously for the last two years?  
Mother: ☐ Yes ☐ No      Father: ☐ Yes ☐ No **If no**, what day did their present stay in CA begin?  
Mother, Date: \_\_\_\_\_ Father, Date: \_\_\_\_\_
4. If you do not live with either parent, are you under continuous and direct care and control of a court appointed legal guardian? ☐ Yes ☐ No

**If yes:**

How long have you been continuously under this person's direct care and control? \_\_\_\_\_

**Residency Reclassification Request Form**

PAGE 5 OF 5

**STUDENT SIGNATURE**

You must complete, sign, and submit this form with the following: Valid Photo ID and a clear, legible, copy of all documentation provided to be attached to this form. We may ask to see original documentation. If you have questions about completing this form please contact the Enrollment Services Office at 415.457.8811 ext 8822. Email form to **admissions@marin.edu**. Or: submit in person to: **College of Marin, Kentfield or Indian Valley Campus, Enrollment Services Office**. Or: mail to: **College of Marin, Enrollment Services, 835 College Ave., Kentfield, CA 94904**.

**Affidavit:** I certify under penalty of perjury that all the information I have given on this form is true and complete to the best of my knowledge. I understand that falsification or withholding of information requested shall constitute grounds for dismissal. I understand if it is determined I do not meet the requirements to be classified as a resident, I will be responsible for payment of non- resident fees. I understand that failure to pay these fees in accordance with the College's payment policy will result in a hold on my student records for future semesters. I understand that I will be requested to provide proof of some statements in accordance with Education Code Sections 68040 et seq.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_