



# CONTINUING STUDENT PETITION TO CHANGE RESIDENCY CLASSIFICATION

**Residency Classification Office**  
Modern Languages Building, Room 347  
P.O. Box 210067, Tucson, AZ 85721-0067  
Phone Main: 520-621-3636 | Fax 520-621-3665 |  
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Office use only:	Term:
<hr/>	
By:	Date:

This petition is for financially independent students (those not claimed as a dependent) who are currently enrolled and have completed at least one term at an Arizona educational institution.

**Student's Name**

**Date**

**Student's ID Number**

**University of Arizona Email**

**Semester**

Spring

Summer

Fall

**20**

**For the Fall 2018 term, a completed application and supporting documentation must be received in the Modern Languages Building, Room 347 no later than 5:00pm, August 27, 2018. Submissions received after this date will not be considered for Fall 2018.** Optionally, the student may schedule an appointment (520-621-3636) with a Residency Classification Officer during the petition period.

## Tuition Policy for Continuing Financially Independent Students

Tuition and residency classification policy for Arizona's three state universities (The University of Arizona, Arizona State University and Northern Arizona University) is set by the Arizona Board of Regents as authorized by the Arizona State Legislature. The general rule for resident classification for tuition purposes includes evidence of 12 months continued physical presence with concurrent permanent intent to be a resident of Arizona. The Arizona Board of Regents Policy on Residency can be found at: <http://www.azregents.edu/policymanual/default.aspx>. Mere presence of a person in this state does not, by itself, constitute domicile for tuition purposes. If however, a continuing student's status changes (common changes are marriage to an Arizona resident or the dependent student's parent(s), who are entitled to claim the student as dependent child for federal and state tax purposes changes their domicile to Arizona) they may be eligible for Arizona residency classification for tuition purposes. Evidence must be clear and convincing.

The general residency requirements are as follows:

- The student must prove continuous physical presence in Arizona for at least 12 months prior to the semester of application.
- Student must provide evidence of simultaneous acts of intent to make Arizona the student's permanent home and abandonment of old domicile. Acts occurring less than one year before the last day of registration may not be relied upon as evidence of intent to establish domicile in Arizona.
- Objective evidence of financial independence. Indicators of financial independence include 1) Place of employment and proof of earnings 2) Other sources of support 3) Proof of filing an Arizona state income tax return 4) Residence claimed on federal income tax returns of applicant and/or parents 5) Veteran status 6) Whether claimed by a parent or any other individual for **two years** immediately preceding the request for residency classification.
- The student's presence must be coupled with clear and convincing evidence of intent to establish a domicile in Arizona **beyond the circumstance of being a student; overcoming the ABOR directed presumption that no emancipated person has established a domicile in Arizona while attending any educational institution in Arizona as a full-time student.**

Attach the following documents to support your claim of Arizona domicile with intent to make Arizona your permanent home:

- |   |   |
|---|---|
| <input type="checkbox"/> Leases or home ownership   | <input type="checkbox"/> Pay stubs for the last physical year   |
| <input type="checkbox"/> Arizona driver's license (or Arizona ID card <b>if not a driver</b> )                      | <input type="checkbox"/> W2 for previous years  |
| <input type="checkbox"/> Arizona vehicle registration   | <input type="checkbox"/> Resident Alien Card or Visa, if applicable                                       |
| <input type="checkbox"/> Arizona voter registration   | <input type="checkbox"/> Employment Authorization Document card, if applicable                            |
| <input type="checkbox"/> State and Federal Tax Forms for the last two years   | <input type="checkbox"/> Approved I-797 Notice of Action form, if applicable                              |
| <input type="checkbox"/> Bank statements for the last 12 months (monthly statements; may be submitted on USB drive) | <input type="checkbox"/> Any other documents which you feel would support your claim to Arizona residency |

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## Personal History

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ State of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Present address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

U.S. citizen  Yes  No If no, in what country do you hold citizenship \_\_\_\_\_ Type/number of visa \_\_\_\_\_

Permanent resident alien  Yes  No Refugee/asylee  Yes  No Date of issuance of permanent resident alien status \_\_\_\_\_

Deferred Action for Childhood Arrivals (DACA)  Yes  No Valid from date \_\_\_\_\_ Expiration date \_\_\_\_\_

## Physical Presence

Date your present stay (i.e. current stay) in Arizona began \_\_\_\_\_

How long continuously living in Arizona \_\_\_\_\_

City/state or country of residence prior to Arizona \_\_\_\_\_ Inclusive dates \_\_\_\_\_

Yes

Have you definitely abandoned your former domicile  No If yes, when \_\_\_\_\_

Do you own real property in Arizona  Yes  No If yes, what type \_\_\_\_\_ Date purchased \_\_\_\_\_

Are there co-owners of the property  Yes  No If yes, relationship to student \_\_\_\_\_

List all addresses where you resided for the last 24 months, including your present address

Inclusive Dates Month/Year	Address	City/State	Rent or Own
_____	_____	_____	<input type="checkbox"/> Rent <input type="checkbox"/> Own
_____	_____	_____	<input type="checkbox"/> Rent <input type="checkbox"/> Own
_____	_____	_____	<input type="checkbox"/> Rent <input type="checkbox"/> Own

Have you been out of the state of Arizona more than 3 consecutive weeks in the past 12 months  Yes  No If yes, provide dates and reasons \_\_\_\_\_

## Intent

Name of high school last attended \_\_\_\_\_ Date of graduation \_\_\_\_\_

Location of high school - city \_\_\_\_\_ State \_\_\_\_\_

List all colleges/universities to which applied and all attended (use additional paper if necessary)

Name of College/University	City/State	Accepted	Dates Attended
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Current field of study \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

Where currently registered to vote (city/state) \_\_\_\_\_ Date \_\_\_\_\_

Where last voted (city/state) \_\_\_\_\_ Date \_\_\_\_\_

Where previously registered to vote (city/state) \_\_\_\_\_ Date \_\_\_\_\_

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Owner of vehicle driven by student \_\_\_\_\_ Relationship to student \_\_\_\_\_

State of vehicle registration \_\_\_\_\_ New Renewal Date issued \_\_\_\_\_

State of driver's license or ID card \_\_\_\_\_ New Renewal Date issued \_\_\_\_\_

If male, state of Selective Service registration \_\_\_\_\_ Date registered \_\_\_\_\_ State registered \_\_\_\_\_

Do you maintain any professional licenses (real estate, nursing, insurance, etc.) in Arizona or another state \_\_\_\_\_

List memberships in any clubs, churches or professional organizations \_\_\_\_\_

**State your reasons for relocating to Arizona and your current intent (use additional paper if necessary) - must be completed.** \_\_\_\_\_

## Financial Independence

Do your parents claim you as a dependent on income tax returns Yes No If no, when was the last year \_\_\_\_\_

Do your parents carry you on their automobile insurance Yes No If yes, explain \_\_\_\_\_

### Bank accounts/assets

	Name of Institution	Location	Date Opened/Closed
Checking	_____	_____	_____
Savings	_____	_____	_____
Money markets/trusts	_____	_____	_____

### Financial aid

Semester/school year	Amount	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you receiving financial aid on the basis of being an independent student Yes No If no, explain \_\_\_\_\_

How much financial assistance did you receive from parents during the academic year (Fall/Spring/Summer):

2014/2015 _____	2015/2016 _____	2016/2017 _____
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Are you receiving financial assistance through a Parent Plus Loan

2014/2015 _____	2015/2016 _____	2016/2017 _____
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## Employment history

Employer	City/State	Inclusive Dates	Part-Time/Full-Time	Amount Earned
			<input type="checkbox"/> PT <input type="checkbox"/> FT	
			<input type="checkbox"/> PT <input type="checkbox"/> FT	
			<input type="checkbox"/> PT <input type="checkbox"/> FT	
			<input type="checkbox"/> PT <input type="checkbox"/> FT	
			<input type="checkbox"/> PT <input type="checkbox"/> FT	

List the states in which you filed a **RESIDENT STATE INCOME TAX RETURN** for the past 3 years

Year	State	Address on Tax Form	Claimed as Dependent
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

List the filing addresses in which you filed **FEDERAL INCOME TAX RETURN** for the past 3 years

Year		Address on Tax Form	Claimed as Dependent
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Miscellaneous

**If you are currently in the military or have been discharged within the last 12 months, please complete the following:**

Date of entry \_\_\_\_\_ Date of separation \_\_\_\_\_ Current duty station \_\_\_\_\_

State claimed for tax purposes (listed on LES) \_\_\_\_\_ Year and state of last state tax return \_\_\_\_\_

**If you are married, please complete the following:**

Spouse name \_\_\_\_\_ Address \_\_\_\_\_

Spouse's employer \_\_\_\_\_ Address \_\_\_\_\_

Date and place of marriage \_\_\_\_\_

Is spouse domiciled in Arizona   Yes   No   If no, please explain \_\_\_\_\_

## Signature

**The information provided in this petition is true. I understand that if I am found to have made a false or misleading statement in this petition, I may be subject to discipline including dismissal from the University of Arizona.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date