



# CONTINUING STUDENT PETITION TO CHANGE RESIDENCY CLASSIFICATION

## Residency Classification Office

Administration Building, Room 210  
P.O. Box 210066, Tucson, AZ 85721-0066  
Phone Main: 520-621-3636 | Fax 520-621-3665  
| REG-rco@arizona.edu

Office use only:

Term:

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 Spring 2023 term, a completed application and supporting documentation must be received by January 19, 2023. Submissions received after January 19, 2023 will not be considered for Spring 2023. **To receive a decision for this exception request prior to the first day of classes, you must submit this form and all appropriate documentation by December 12, 2022.** Please email the form and documentation to [reg-rco@arizona.edu](mailto:reg-rco@arizona.edu). More information can be found on our website: <https://www.registrar.arizona.edu/residency>.

## 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:

<https://www.azregents.edu/board-committees/policy-manual>. 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:

- A. The student must prove continuous physical presence in Arizona for at least 12 months prior to the semester of application.
- B. 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.
- C. 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 **one year** immediately preceding the request for residency classification.
- D. 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:

- Leases or home ownership
- Arizona driver's license (or Arizona ID card **if not a driver**)
- Arizona vehicle registration
- Arizona voter registration
- State and Federal Tax Forms for the last year
- Bank statements for the last 12 months
- Vehicle Insurance Policy
- Private loan documents, if applicable
- Pay stub (only most recent)
- W2 for previous year
- Resident Alien Card or Visa, if applicable
- Employment Authorization Document card, if applicable
- Approved I-797 Notice of Action form, if applicable
- 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
_____	_____	_____	<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 <input type="checkbox"/> Yes <input type="checkbox"/> No	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 _____	
Semester/school year _____	Amount _____	
Semester/school year _____	Amount _____	
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):

2020/2021 _____	2021/2022 _____	2022/2023 _____
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Are you receiving financial assistance through a Parent Plus Loan

2020/2021 _____	2021/2022 _____	2022/2023 _____
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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