



CONTINUING STUDENT PETITION TO CHANGE RESIDENCY CLASSIFICATION

Residency Classification Office
Administration Building, Room 210
P.O. Box 210066, Tucson, AZ 85721-0066
Phone: 520-621-3113
Email: reg-rco@arizona.edu

| | |
|------------------|-------|
| 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 2024 term, a completed application and supporting documentation must be received by September 03, 2024.

Submissions received after September 03, 2024, will not be considered for Fall 2024. 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 July 19, 2024.

Please email the form and documentation to 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/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:

- | | |
|--|---|
| <input type="checkbox"/> Leases or home ownership | <input type="checkbox"/> Private loan documents, if applicable |
| <input type="checkbox"/> Arizona driver's license (or Arizona ID card if not a driver) | <input type="checkbox"/> Pay stub (only most recent) |
| <input type="checkbox"/> Arizona vehicle registration | <input type="checkbox"/> W2 for previous year |
| <input type="checkbox"/> Arizona voter registration | <input type="checkbox"/> Utility Bill (most recent bill) |
| <input type="checkbox"/> State and Federal Tax Forms for the last year | <input type="checkbox"/> Permanent Resident Card or Visa, if applicable |
| <input type="checkbox"/> Bank statements for the last 12 months | <input type="checkbox"/> Employment Authorization Document Card, if applicable |
| <input type="checkbox"/> Vehicle Insurance Policy | <input type="checkbox"/> Any other documents which you feel would support your claim to Arizona residency |

CONTINUING STUDENT PETITION TO CHANGE RESIDENCY CLASSIFICATION

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 _____

CONTINUING STUDENT PETITION TO CHANGE RESIDENCY

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): 2022/2023 _____ 2023/2024 _____

Are you receiving financial assistance through a Parent Plus Loan? If yes, please indicate amount. 2022/2023 _____ 2023/2024 _____

CONTINUING STUDENT PETITION TO CHANGE RESIDENCY

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