

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**.

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: _____ 2nd 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: _____

Continue application on reverse side.

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: _____
 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: _____