

Residency Questionnaire for Graduate Students

This form must be returned to Graduate Admissions, SDSU, 5500 Campanile Dr., San Diego CA 92182-8225

Name _____
First Middle Initial Last

Social Security No. _____

Present Address _____

City State Zip code

Birthdate _____ / _____ / _____
Month Day Year
 Phone Number () _____

Semester Requesting Classification _____
Semester Year

Campus _____

The information requested is deemed relevant and necessary to properly determine your residence status for tuition purposes pursuant to Education Code Section 68041. Failure to answer all questions may cause you to be classified as a nonresident. You may submit other information that you believe will establish your California residence. Questions about residence regulations should be referred to a campus residence specialist. A summary of the regulations is printed in campus catalogs. If you disagree with the campus residence determination, you have the right to appeal that decision to the Office of General Counsel, The California State University, 401 Golden Shore, 4th Floor, Long Beach, CA 90802-4210 within 120 calendar days of notification of the final campus decision. *Note: You may be requested to furnish documentation in support of your responses.*

1. If you will be 19 years of age or older by the residence determination date, check here and answer 2 through 17 as they pertain to you.

Residence Determination Dates

Quarter Calendars		Semester Calendars	
Fall	September 20	Fall	September 20
Winter	January 5	Winter	January 5
Spring	April 1	<i>(Stanislaus only)</i>	
Summer	July 1	Spring	January 25
		Summer	June 1
CalState TEACH			
Stage 1	September 20	Stage 3	June 1
Stage 2	January 5	Stage 4	September 20

If you will be younger than 19 years of age by the residence determination date, check here and answer questions 2 through 17 as they pertain to the natural or adopted parent, or legal guardian, with whom you most recently resided and whose name and whereabouts you will provide below.

Name/Relationship _____

Present actual whereabouts _____

2. Citizen Status (Check one):
(You must be prepared to verify.)

U.S. Citizen
 Immigrant I-551
 * green card *
 F Visa
 J Visa
 Refugee
 Other Visa _____
 None of the above

Issue Date of I-551 or Visa
 _____ / _____ / _____
Month Day Year

3. What state do you regard as your permanent home? _____

4. If California, when did your present stay begin? _____ / _____ / _____
Month Day Year

5. Are you claimed as a dependent on the military record of any member of the U.S. armed forces? Yes No

If "Yes," explain relationship and answer No. 6 as it pertains to the service person.

6. Member or veteran of U.S. armed forces? Yes No Date joined _____ From what state _____ Date separated from active duty, if any _____

Most recent permanent address on military records _____

Stationed _____ From _____ To _____

7. Ever registered to vote? Yes No

State _____	Date Registered _____ <small>Month Day Year</small>	Date Last Voted _____ <small>Month Day Year</small>
-------------	--	--

8. Do you possess a valid driver's license? Yes No

State _____	Date Issued _____ <small>Month Day Year</small>
-------------	--

9. Current registration of all motor vehicles owned

State _____	Date Issued _____ <small>Month Day Year</small>	State _____	Date Issued _____ <small>Month Day Year</small>
State _____	Date Issued _____ <small>Month Day Year</small>	State _____	Date Issued _____ <small>Month Day Year</small>

10. Are all personal effects located in California? Yes No If 'No,' attach explanation.

11. List the state and year in which last three state income tax returns were filed on total income State _____ Year _____ State _____ Year _____ State _____ Year _____

12. Purchase date(s) and location(s) of California real property owned
Date Location Date Location
_____/_____/_____/_____ _____ _____/_____/_____/_____ _____
Month Day Year Month Day Year

13. Purchase date(s) and location(s) of other real property owned
_____/_____/_____/_____ _____ _____/_____/_____/_____ _____
Month Day Year Month Day Year

14. Source of financial support for the past year _____

15. Were you employed in California in the past year? Yes No

Employer _____ From ____/____/____ To ____/____/____
Month Day Year Month Day Year

16. Address shown on current W-2 form _____

17. Active California Banking Account(s) _____
Bank _____/_____/_____ Bank _____/_____/_____
Date Opened Date Opened

Student Financial Independence Status

Education Code Section 68044 require that the financial independence of a nonresident student seeking reclassification as a resident be included in the factors to be considered in the determination of residence. Therefore, please answer all of the following questions.

- 1. Will your parent(s) claim you as a dependent exemption for state and federal tax purposes for the current calendar year? Yes No
- 2. Were you claimed as an exemption for state and federal tax purposes by your parent(s) in any of the past three calendar years?..... Yes No
- 3. Have you received or will you receive more than \$750 in financial assistance from your parent(s) in the current calendar year? Yes No
- 4. Did you receive more than \$750 per year in financial assistance from your parent(s) in the past three calendar years?..... Yes No
- 5. Have you lived or will you live for more than six weeks with your parent(s) during the current calendar year?..... Yes No
- 6. Did you live for more than six weeks with your parent(s) during any of the past three calendar years?..... Yes No
- 7. Are your parent(s) California residents?..... Yes No

Certification to be read and signed by all students completing this form

I certify under penalty of perjury, that **the foregoing statements and any other information submitted by me in connection with the determination** of my residence are true, complete and accurate. I certify that so long as I am a student at this institution, I will advise the residence specialist if there is a change in any of the facts upon which the residence determination was made, such as the state of residence and military status of my parent(s) if I am a minor, or, if not, changes in any of the above for me or my spouse, if any; changes in the California State University employment status of my spouse, parent, or myself; or changes in my teaching employment or credential status. I authorize release of any information submitted by me in connection with my application for admission and determination of residence to any person, firm, corporation, association or government, whether federal, state, local, or foreign, but only as necessary to verify or explain the information, to obtain pertinent records, or in connection with perjury proceedings.

Signed at: _____
City and County Applicant's Signature Date

**Please return this questionnaire to: San Diego State University
Graduate Admissions
5500 Campanile Dr
San Diego, CA 92182-8225**