

REQUEST
FOR
ALABAMA DIFFERENTIAL OUT-OF-STATE TUITION PLAN

Semester for which residency change is requested: _____

The University of West Florida has been authorized to offer residents of Alabama a special out-of-state tuition rate.

Qualification is based upon documented evidence of legal residence in the State of Alabama for at least 12 months prior to the first day of classes of your semester of review. Additional documentation (i.e. employment verification, residential verification, copies of legal ties, etc.) other than what is specifically listed below may be required. **The deadline for submission of this request form is the first day of classes for the semester of qualification. All required supporting documentation must be submitted prior to the published last day of drop/add for the semester of qualification.**

I am a United States citizen, permanent resident alien or legal alien granted indefinite stay by the United States Immigration and Naturalization Service (INS). I meet the Alabama residency requirements to qualify for differential tuition fees based on one of the following criteria:

____A. I am an independent person (a person who provides more than 50% of his/her own support as defined by the Internal Revenue Service) and have maintained legal residence in Alabama for at least 12 months OR, I am married to an independent person, who has maintained legal residence in Alabama for at least 12 months. (Note: For those claiming residency through a spouse, please provide a copy of the marriage certificate.)

____B. I am a dependent person (a person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service) whose parent or legal guardian has maintained legal residence in Alabama for at least 12 months. For dependents, the claimant is the parent or legal guardian. **REQUIRED:** Copy of current IRS returns (Federal and State) for parent/legal guardian.

____C. I am a member of the armed services of the United States and I am stationed within Alabama on active military duty pursuant to military orders, OR whose state of legal residence is Alabama, OR I am a member's spouse or dependent child. **REQUIRED:** Copy of military orders or DD-2058 (showing city and state of legal residence); for spouse, also provide copy of marriage certificate; for dependent child, also provide copy of current IRS returns (Federal and State) for parent/legal guardian.

____D. According to the United States Immigration and Naturalization Service (INS), I am a permanent resident alien or other legal alien granted indefinite stay and have established and maintained legal residence in Alabama for at least 12 months. **REQUIRED:** INS documentation and proof of residency status.

PLEASE PRINT.

- 1. Name of Student: _____ 2. Student's UWF ID Number: ____/____/____
- 3. Name of person claiming Alabama residency: _____ 4. Claimant's relationship to student: _____
- 5. Claimant's permanent legal address: _____

Street / P.O. Number Apt. No. City State Zip code

6. Claimant's telephone number: (____) _____

7. Date claimant began establishing legal Alabama residence and domicile: ____/____/____

8. Claimant's **voter registration:** State: _____ Number: _____ County: _____ Original Issue date: ____/____/____

9. Claimant's **driver license:** State: _____ Number: _____ Original Issue date: ____/____/____

10. Claimant's **vehicle registration:** State: _____ Tag Number: _____ Original Issue date: ____/____/____

11. **Non-U.S. Citizen only:** Resident Alien Number: _____ Original Issue date: ____/____/____

(Copy of both sides of card required.)

I do hereby swear or affirm that the above named student meets all requirements indicated in the checked category above for classification as an Alabama resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes, and BOR File 6C-6,001(6, F.A.C).

Signature of person claiming Alabama residency (as listed in Item #3 above)

Date

Rev. 01/11

OFFICE USE ONLY
Approved: ____ yes ____ no Residency Code: _____
Effective: _____ semester _____ year
Residency Officer: _____
Date: _____