

**PURPOSE AND INSTRUCTIONS**

Residency decisions may be appealed in writing using this form. Submit your written appeal with all supporting documentation to the Admissions Office on the Daytona Beach Campus, attention to Admissions Coordinator. The appeal will be reviewed and a response provided in writing to your FalconMail e-mail account.

All appeals will be considered in accordance with 1009.21, Florida Statutes, State Board of Education Rules 6A-10.044 and 6A-20.003, and the Articulation Coordinating Committee's "Guidelines on Florida Residency for Tuition Purposes." Appeals will be considered for the semester in which they are received and for any future semester. Retroactive appeals will not be considered.

TO BE COMPLETED BY THE STUDENT

Name: _____

College ID: _____

Date You Began Establishing Florida Residency: _____

Indicate the term and year for which you are requesting your residency to take effect, if your appeal is approved. Should insufficient evidence exist to approve your appeal for the term and year you indicate, the committee will automatically consider the earliest possible term for which you do or will qualify.

- YEAR: _____
- | | | | | | |
|--------------------------|---------------------|--------------------------|-----------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Fall (Aug-Dec) | <input type="checkbox"/> | Spring (Jan-Apr) | <input type="checkbox"/> | Summer (May-Aug) |
| <input type="checkbox"/> | Fall B - late start | <input type="checkbox"/> | Spring B - late start | <input type="checkbox"/> | Summer B - late start |

Please use this space to describe the justification for your appeal. Attach additional sheets if necessary. Attach all documentation that supports your request (e.g. Copy of Florida driver's license and other supporting documentation) and the Florida Residency Declaration, available from the Admissions Office.

Did you attach all of the following? Copies of Supporting Documentation Florida Residency Declaration

I understand that any false statement will subject me to penalties for making a false statement pursuant to 837.06,F.S., and to BOR rule 6C-6.001(6),F.A.C.

Student Signature _____

Date _____

OFFICE USE ONLY

Received Date: _____

 Approved

Effective Date: _____

 DeniedNotes: _____

Staff Signature _____

Date _____