

CAÑADA COLLEGE  
OFFICE OF ENROLLMENT SERVICES

**REQUEST FOR RESIDENCY RECLASSIFICATION**

PRINT NAME \_\_\_\_\_  
LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

Student's Identification Number \_\_\_\_\_

I am seeking residency reclassification for \_\_\_\_\_ semester, 20\_\_\_\_\_.  
I am: (Check one)  Currently Enrolled

Returning Student

Country of Citizenship \_\_\_\_\_  
Alien Registration Receipt Card Number: (If any) \_\_\_\_\_  
Date Issued \_\_\_\_\_

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**OUT-OF STATE INFORMATION  
RESIDENCY RECLASSIFICATION**

According to the application you have submitted recently, you may qualify to be classified as a California resident for tuition purposes. In order for us to change your residency status to a California resident for tuition purposes, you must complete and sign this form, and submit it to the Admissions and Records Office. Your residency reclassification requires at least one supporting document as proof from the list below:

- A. Rental Agreement (housing)
- B. Driver's license or state I.D. card
- C. Voter registration card
- D. Motor Vehicle registration certificate
- E. Letter from employer certifying date and location of employment, or paycheck
- F. Bank account statement
- G. California personal income tax return
- H. Parent's California personal income tax return, if you are their dependent.

In addition to the above one document, you must submit (If checked)

\_\_\_\_\_.

**Proof of residency should reflect:**

- Student's Name
- California Address
- A date, at least one year and one day prior to the beginning of the semester in which he/she wishes to register.

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**Office Use Only**

Approved and changed the residency status \_\_\_\_\_

Denied \_\_\_\_\_

**CAÑADA COLLEGE  
RESIDENCY QUESTIONNAIRE**

Complete all sections of form, which apply to you. If additional space is needed, attach a separate sheet of paper. Be sure to sign and date at bottom of reverse side of this form.

Print Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_  
No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student ID number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Work phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**FOR COLLEGE USE ONLY**

Res. \_\_\_\_\_

Non Res: \_\_\_\_\_

Comments \_\_\_\_\_

Semester \_\_\_\_\_

**TO BE COMPLETED BY ALL STUDENTS**

1. Birth Date \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

2. Permanent Address \_\_\_\_\_  
No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. What state do you regard as your permanent residence? \_\_\_\_\_ Since what date? \_\_\_\_\_

4. Are you a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_. If not, what type of Immigration status do you/did you hold?  
\_\_\_\_\_, and date of Issue/petition \_\_\_\_\_ (attach a copy immigration status )  
Type \_\_\_\_\_ Number \_\_\_\_\_ Date \_\_\_\_\_

5. Have you lived in California continuously since birth? Yes \_\_\_\_\_ No \_\_\_\_\_. If not, 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.

From Mo/Day/Year	To Mo/Day/Year	State	Person With Whom you resided	Relationship

6. When did your present stay in California begin? \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

7. Have you been enrolled in any university, college or community college? Yes \_\_\_\_\_ No \_\_\_\_\_.  
If yes, list all schools (Including Cañada College):

College or University	State	Attended From Mo/Year	Attended To Mo/Year	Fee Status-Resident/Non Resident

8. Have you been employed in California during the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, list employer(s) and dates.

\_\_\_\_\_  
Name of Employer \_\_\_\_\_ City \_\_\_\_\_ Dates Employed \_\_\_\_\_

\_\_\_\_\_  
Name of Employer \_\_\_\_\_ City \_\_\_\_\_ Dates Employed \_\_\_\_\_

9. Where did you pay state income taxes for the past year? \_\_\_\_\_  
State \_\_\_\_\_

10. Have you ever registered to vote? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give state \_\_\_\_\_  
Date registered \_\_\_\_\_ Date voted \_\_\_\_\_

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 \_\_\_\_\_  
Most recent permanent address on military records \_\_\_\_\_  
Most recent home of record on military record \_\_\_\_\_

12. Are you or either of your parents a full-time employee of the San Mateo Community College District?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_

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### **TO BE COMPLETED BY STUDENTS UNDER 19 YEARS OF AGE**

13. Is your father living? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, his name \_\_\_\_\_  
and 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 U.S. Armed Services? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where is he stationed  
\_\_\_\_\_  
Since when? \_\_\_\_\_  
Has he been separated from full-time duty in the U.S. Armed Services during the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Is your mother living? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, her name \_\_\_\_\_  
and 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? \_\_\_\_\_

15. Are you currently under continuous and direct care and control of any person or persons other than a parent?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name and address of such person(s):

Name \_\_\_\_\_ No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
How long have you continuously been under such direct care and control? \_\_\_\_\_

16. Have you been self-supporting while a resident of California? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please attach copies of W-2 forms and /or statement of earnings from employers for the one-year period to the first day of the present semester for which you are applying.

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### **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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return this form to:

**CAÑADA COLLEGE  
Office of Enrollment Services**  
4200 Farm Hill Blvd.  
Redwood City, CA 94061