

CSU RESIDENCE QUESTIONNAIRE

RETURN THE COMPLETED FORM TO THE CAMPUS OFFICE OF ADMISSIONS AND RECORDS

The information requested is deemed relevant and necessary to a proper determination of your residency status for ~~tuition~~ purposes under California Education Code Section 68000 et seq. and California Code of Regulations 41900 et seq. Your completed application will determine your eligibility. Failure to answer all questions may cause you to be classified as a nonresident. You may submit additional information to establish your California residency. Questions about residency requirements should be referred to a campus residence specialist.

Instructions: Please complete a separate questionnaire for each campus. Only one term and one campus may be selected per questionnaire and all fields must be completed or questionnaire will be returned to you unprocessed. Avoid entering personal information on public computers and/or public wireless access points.

Classified as a nonresident for a previous term: Yes. Please complete Part A, B, C, D (if applicable), and E (Newly admitted students only).
No. Please complete Sections A, B, D (if applicable), and E (Newly admitted students only)

Term: Fall Winter Spring Summer Year _____ Campus _____
Specify Campus

PART A: STUDENT INFORMATION

Name _____ Student ID No. _____
Last Name First Middle

Phone Number _____ E-mail _____

Birthdate ____/____/____ Birthplace _____
Month Day Year

Permanent Legal Address

Street Address _____

City _____ State _____ ZIP _____

Did you attend a California school? Yes (If yes, you may be exempt from payment of nonresident tuition under AB 540.)

PART B: RESIDENCE DETERMINATION DATE

Check the box that applies to you and provide the requested information

If you will be 19 years of age or older by the residence determination date, check here and answer 1 through 11 as it applies to you.

If you will be younger than 19 years of age by the residence determination date, check here and answer 1 through 11 as it applies to the natural or adopted parent with whom you most recently resided and whose name and whereabouts you will provide below.

Name _____

Relationship _____

Present actual whereabouts _____

Residence Determination Dates

Quarter Calendars

Semester Calendars

Fall.....	September 20	Fall.....	September 20
Winter.....	January 5	Winter.....	January 5
Spring.....	April 1	(Stanislaus only)	
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

Foster Youth Please check the box that applies to you and complete Part A (answer 1 through 11 as it applies to you), B, C, D (if applicable)

List the State where you were under the care of the Department of Social Services (e.g. California): _____

I have been in the foster care for at least 12 consecutive months after reaching the age of 10.

I am in a current foster care out-of-home placement order by a juvenile dependency court.

I was still in a foster care out-of-home placement, ordered by the juvenile dependency court when I reached my 18th birthday.

Provide the following information: (a) a copy of a juvenile dependency court document indicating foster care in the child welfare system; (b) documentation from county social services confirming you were under the care of the Department of Social Services.

QUESTIONS 1 THROUGH 11

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

2. If California, when did your present stay begin ____/____/____
Month Day Year

3. Employed in California in the past year? ~~No~~ **Yes**

Employer(s) _____ From ____/____/____ To ____/____/____
Day Year Month Day Year

Employer(s) _____ From ____/____/____ To ____/____/____
Day Year Month Day Year

4. Have you ever registered to vote? ~~Yes~~ **Yes** (List all states where registered and date of registration)

State _____ Date registered ____/____/____ Last Voted ____/____/____
Month Day Year Month Day Year

State _____ Date registered ____/____/____ Last Voted ____/____/____
Month Day Year Month Day Year

5. Do you possess a driver's license and/or ID Card? ~~No~~ **Yes** (If yes, list state and issue dates)

State _____ Year _____
Month Day _____

I am a dependent of an active duty service member of the U.S. Armed Forces. I reside in California and have received transferred benefits under the Uniformed Services University of the Health Sciences (USUHS) Health Plan.

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