



Instructions:

Use this application only to indicate a change in term for a previously submitted request for residency reclassification.

If you have not submitted a Request for Residency Change or if you wish to change the residency status under which you originally applied, DO NOT use this form.

Complete the information below and submit this application at the admissions lobby in 201 Criser Hall, along with updated verification of physical presence and any additional information to validate a residency reclassification.

UFID Last Name First MI

Local address city state zip

Permanent address city state zip

Home telephone w/ area code Business phone w/ area code Date of birth

Original request for residency reclassification: Fall - August 200__ Spring - January 200__ Summer A/C - May 200__ Summer B - June 200__ New request for residency reclassification: Fall - August 200__ Spring - January 200__ Summer A/C - May 200__ Summer B - June 200__

This application will not be processed without the signature of the claimant/student.

Signature Date