



# REQUEST FOR REVIEW OF RESIDENCE STATUS

<b>OFFICE USE ONLY</b> SEMESTER: ___ SUMMER ___ FALL ___ SPRING  DATE RECEIVED & INITIALS: _____ / _____ / _____
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## PART I (STUDENT INFORMATION)

Name (Last, First MI): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Palomar ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

City you currently live in: \_\_\_\_\_

1. City, State and Country of Birth: \_\_\_\_\_

2. Country that issued your passport: \_\_\_\_\_

3. Are you a United States Citizen?

\_\_\_ Yes (skip to question #4)

\_\_\_ No (place a checkmark next to your visa or immigration status):

- \_\_\_ Permanent Resident
- \_\_\_ Refugee/ Asylee
- \_\_\_ DACA (Deferred Action Childhood Arrivals)
- \_\_\_ Amnesty
- \_\_\_ Temporary Resident
- \_\_\_ A-1 \_\_\_ A-2 \_\_\_ A-3
- \_\_\_ E-1 \_\_\_ E-2 \_\_\_ E-3
- \_\_\_ G-1 \_\_\_ G-2 \_\_\_ G-3 \_\_\_ G-4 \_\_\_ G-5
- \_\_\_ H-1B \_\_\_ H-1C \_\_\_ H-4 (if spouse or child of H-1B or H-1C) \_\_\_ I
- \_\_\_ K-1 \_\_\_ K-2 \_\_\_ K-3 \_\_\_ K-4
- \_\_\_ L-1A \_\_\_ L-1B \_\_\_ L-2
- \_\_\_ NATO 1-7 \_\_\_ N-8 \_\_\_ N-9
- \_\_\_ O-1 \_\_\_ O-3 (If spouse or child of O-1)
- \_\_\_ R-1 \_\_\_ R-2
- \_\_\_ T-1 \_\_\_ T-2 \_\_\_ T-3 \_\_\_ T-4 \_\_\_ T-5
- \_\_\_ U-1 \_\_\_ U-2 \_\_\_ U-3 \_\_\_ U-4 \_\_\_ U-5
- \_\_\_ V-1 \_\_\_ V-2 \_\_\_ V-3

Issue Date: \_\_\_/\_\_\_/\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

If the above listed status or visa was not issued one year and one day prior to the start of the term for which you are applying for (366 days prior), what visa or status did you enter the United States with?

- \_\_\_ Same Visa or Status as listed above
- \_\_\_ A-1 \_\_\_ A-2 \_\_\_ A-3
- \_\_\_ BE (Bering Straits Agreement Entrants)
- \_\_\_ B-1 \_\_\_ B-2 \_\_\_ BCC (Border Crossing Card)
- \_\_\_ C-1 \_\_\_ C-1D \_\_\_ C-2 \_\_\_ C-3 \_\_\_ C-4
- \_\_\_ D-1 \_\_\_ D-2
- \_\_\_ E-1 \_\_\_ E-2 \_\_\_ E-3
- \_\_\_ F-1 \_\_\_ F-2 \_\_\_ F-3
- \_\_\_ G-1 \_\_\_ G-2 \_\_\_ G-3 \_\_\_ G-4 \_\_\_ G-5
- \_\_\_ H-1B \_\_\_ H-1B1 (Citizens of Singapore and Chile) \_\_\_ H-1C
- \_\_\_ H-2A \_\_\_ H-2B \_\_\_ H-3
- \_\_\_ H-4 Spouse or Child of: \_\_\_ H-1B \_\_\_ H-1B1 \_\_\_ H-1C \_\_\_ H-2A \_\_\_ H-2B \_\_\_ H-3
- \_\_\_ I \_\_\_ J-1 \_\_\_ J-2
- \_\_\_ K-1 \_\_\_ K-2 \_\_\_ K-3 \_\_\_ K-4
- \_\_\_ L-1A \_\_\_ L-1B \_\_\_ L-2
- \_\_\_ M-1 \_\_\_ M-2 \_\_\_ M-3
- \_\_\_ NATO 1-7 \_\_\_ N-8 \_\_\_ N-9
- \_\_\_ O-1 \_\_\_ O-2 \_\_\_ O-3 Spouse or Child of: \_\_\_ O-1 \_\_\_ O-2
- \_\_\_ Order of Supervision
- \_\_\_ Parole
- \_\_\_ P-1 \_\_\_ P-2 \_\_\_ P-3 \_\_\_ P-4
- \_\_\_ Q-1 \_\_\_ Q-2 \_\_\_ Q-3
- \_\_\_ R-1 \_\_\_ R-2
- \_\_\_ S-5 \_\_\_ S-6 \_\_\_ S-7
- \_\_\_ T-1 \_\_\_ T-2 \_\_\_ T-3 \_\_\_ T-4 \_\_\_ T-5
- \_\_\_ TN (NAFTA) \_\_\_ TD (NAFTA)
- \_\_\_ TWOV (Transit Without Visa)
- \_\_\_ U-1 \_\_\_ U-2 \_\_\_ U-3 \_\_\_ U-4 \_\_\_ U-5
- \_\_\_ VWP (Visa Waiver Program) under: \_\_\_ WB \_\_\_ WT
- \_\_\_ V-1 \_\_\_ V-2 \_\_\_ V-3

Issue Date: \_\_\_/\_\_\_/\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

**MILITARY / MILITARY DEPENDENTS / SEPARATED MEMBERS AND THEIR DEPENDENTS**

4. Are you Active Duty Military, Military Dependent or a separated member of the Military?

Yes (See section below pertaining to Military)

No (Skip to question #5)

**ACTIVE DUTY MILITARY:**

I am on active duty in the U.S. Armed Forces and stationed in California.

I am a member of the U.S. Armed Forces who has been on active duty for a period of more than 30 days and whose domicile or permanent duty station is in California.

**MILITARY DEPENDENTS:**

I am a dependent of an active duty service member stationed in California on the starting day of the semester.

I am the spouse or dependent child of a member of the U.S. Armed Forces who has been on active duty for a period of more than 30 days and whose domicile or permanent duty station is in California.

I am a dependent of an active duty service member who was stationed in California, but was transferred on military orders to a place outside of California where the member continues to serve in the U.S. Armed Forces and I have resided in the state less than 366 days.

I am a dependent of an active duty service member who was stationed in California, but was thereafter retired as an active member of the U.S. Armed Forces and I have resided in the state less than 366 days.

**DISCHARGED MEMBERS OF THE U.S. ARMED FORCES AND DEPENDENTS:  
VETERANS ACCESS, CHOICE AND ACCOUNTABILITY ACT:**

I am a Veteran who lives in California and enrolling at Palomar College within three years of discharge from a period of active duty service of 90 days or more.

I am a spouse or child entitled to G.I. Bill transferred VA Education Benefits that lives in California and enrolling at Palomar College within three years of the transferor's discharge from a period of active duty service of 90 days or more.

I am a spouse or child using benefits under the Marine Gunnery Sergeant John David Fry Scholarship (provides Post-9/11 GI Bill benefits to the children and surviving spouses of service members who died in the line of duty while on active duty) who lives in California and is enrolling at Palomar College within three years of the Servicemember's death in the line of duty following a period of active duty service of 90 days or more.

**AND**

I qualify to use the Montgomery GI Bill-Active Duty or Post-9/11 GI Bill education benefits (Ch. 30 or 33).

**RECENTLY DISCHARGED MEMBERS WHO WERE STATIONED IN CALIFORNIA:**

I was a member of the U.S. Armed Forces of the United States stationed in California on active duty for more than one year prior to being discharged and am currently living in California within two years of being discharged.



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5. List the date your present stay in California began: \_\_\_ / \_\_\_ / \_\_\_
6. List the state(s) in which you resided during the last two years:  
 State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
7. List the state that issued your driver's license:  
 State: \_\_\_\_\_ Issue Date: \_\_\_\_\_
8. List the state in which your vehicle is registered:  
 State: \_\_\_\_\_ Date Registered: \_\_\_\_\_
9. List the state(s) to which you filed a personal tax return for the last two years:  
 State: \_\_\_\_\_ Year: \_\_\_\_\_  
 State: \_\_\_\_\_ Year: \_\_\_\_\_
10. Have you registered to vote in California? \_\_\_ Yes \_\_\_ No
11. Do you have any licenses or certifications issued by the State of California? (i.e.: Real Estate, EME, CPR, Notary, etc.)  
 \_\_\_ Yes, I have the following: \_\_\_\_\_  
 \_\_\_ No
12. Did you indicate a California address when registering for the Selective Service in California? \_\_\_ Yes \_\_\_ No \_\_\_ N/A
13. Do you have active bank accounts in California? \_\_\_ Yes \_\_\_ No
14. Are you a Financial Aid student? \_\_\_ Yes \_\_\_ No

**Please place a checkmark next to any of the following statements that apply to you:**

\_\_\_ I am currently a dependent or ward of the state through California's child welfare system that presently resides in California and is under the age of 19.

\_\_\_ I attended a California high school for at least three years and earned a high school diploma or equivalent.

\_\_\_ I attended Elementary and/or Secondary Schools in California for at least three years **and:**

\_\_\_ attained credits in California from a California high school equivalent to three or more years of full time high school coursework

\_\_\_ graduated or attained the equivalent of such graduation.

\_\_\_ I am a Native American attending a school administered by the Bureau of Indian affairs located within the Palomar Community College District.

\_\_\_ I am a graduate of a school located in California that is operated by the United States Bureau of Indian Affairs.

\_\_\_ I am a full-time employee (or spouse or child of a full-time employee) of a California Community College, California State University or Colleges, the University of California, or the California Maritime Academy who has resided in California for less than one year.

**PART II (PARENT INFORMATION)**

If you are under the age of 25 or a dependent of your parent or parents for income tax purposes, please fill out the following information:

**PARENT I**

Name: \_\_\_\_\_

Relationship to student (ex: father, mother): \_\_\_\_\_

State and Country of Residence: \_\_\_\_\_

State that issued parent driver's license: \_\_\_\_\_

State in which parent vehicle is registered: \_\_\_\_\_

State to which parent filed a personal income tax return for the past two years:

State: \_\_\_\_\_ Year: \_\_\_\_\_

State: \_\_\_\_\_ Year: \_\_\_\_\_

If **Parent I** is physically present in California, list the date when present stay in California began: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent I** claims the student as a dependent: \_\_\_ Yes \_\_\_ No

**PARENT II**

Name: \_\_\_\_\_

Relationship to student (ex: father, mother): \_\_\_\_\_

State and Country of Residence: \_\_\_\_\_

State that issued parent driver's license: \_\_\_\_\_

State in which parent vehicle is registered: \_\_\_\_\_

State to which parent filed a personal income tax return for the past two years:

State: \_\_\_\_\_ Year: \_\_\_\_\_

State: \_\_\_\_\_ Year: \_\_\_\_\_

If **Parent II** is physically present in California, list the date when present stay in California began: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent II** claims the student as a dependent: \_\_\_ Yes \_\_\_ No

**PART II (PARENT INFORMATION) Continued**

**PARENT 1**

Is **Parent 1** a United States Citizen? \_\_\_ Yes \_\_\_ No

If no, list **Parent 1** visa or immigration status: \_\_\_\_\_

**Date Issued:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT 2**

Is **Parent 2** a United States Citizen? \_\_\_ Yes \_\_\_ No

If no, list **Parent 2** visa or immigration status: \_\_\_\_\_

**Date Issued:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURE REQUIRED FOR BOTH PART I AND II**

I certify that the statements on this form are true and correct. I understand that falsification, withholding pertinent data, or failure to report changes in residence, may result in my dismissal. I will notify the college of any changes of facts. If you submitted a FAFSA, all residency information must be consistent.

Student Signature

Date

<p><b>OFFICE USE ONLY</b></p> <p>DOCS SUBMITTED BY ___ EMAIL ___ FAX ___ IP ___ MAIL</p> <p>DOCS NEEDED: _____</p> <p>NOTES SAVED IN RESIDENCY PANEL ____/____/____/____</p> <p>CITIZENSHIP/VISA DATA UPDATED _____</p> <p>RESIDENCY PANEL UPDATED BY _____</p> <p>SEMESTER CHANGED _____ YEAR _____</p>
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