REQUEST FOR REVIEW OF RESIDENCE STATUS

PART I (STUDENT INFORMATION)

Name (Last, First MI): _________________________________________

Birthdate: ____________________ Age: __________

Palomar ID Number: _________________________________________

City you currently live in: ______________________________________

1. City, State and Country of Birth: _____________________________
   1. ___________ ___________ ___________

2. Country that issued your passport: ___________________________
   2. ______________________

   3. Are you a United States Citizen?
      ______ Yes (Skip to question #4)
      ______ No (Select your visa or immigration status):

      ______ Permanent Resident
      ______ Refugee/ Aslee
      ______ DACA
      ______ Withholding of Removal (INA 241(b) (3) or Convention Against Torture (CAT))
      ______ Family Unity Program, LIFE Act, LIFE Act Family Unity Provisions
      ______ Jay Treaty
      ______ A-1 ____ A-2 ____ A-3
      ______ E-1 ____ E-2 ____ E-2C ____ 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) ______
      ______ K-1 ____ K-2 ____ K-3 ____ K-4
      ______ L-1A ____ L-1B ____ L-2
      ______ NATO 1-7 ___ N-8 ___ N-9
      ______ O-1 ____ O-2 ____ O-3 (if spouse or child of O-1)
      ______ R-1 ____ R-2
      ______ SIV (Special Immigrant Visa)
      ______ T-1 ___ T-2 ___ T-3 ___ T-4 ___ T-5 ___ T-6
      ______ U-1 ____ U-2 ____ U-3 ____ U-4 ____ U-5
      ______ V-1 ____ V-2 ____ V-3

   If not listed here, select from next list.

   Issue Date: ______ / ______ / ______ Expiration Date: ______ / ______ / ______
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.

SEPARATED MEMBERS AND THEIR DEPENDENTS

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.
REQUEST FOR REVIEW OF RESIDENCE STATUS

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 am currently a California high school student who is not a
nonimmigrant that has been admitted as a special part-time or College and
Career Access Pathways Partnership (CCAP) participant.

____ 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

OFFICE USE ONLY
DOCS SUBMITTED BY____EMAIL____FAX____IP____MAIL
DOCS NEEDED: ________________________________
NOTES SAVED IN RESIDENCY PANEL_________/______/________/________
CITIZENSHIP/VISA DATA UPDATED ___________
RESIDENCY PANEL UPDATED BY ___________
SEMESTER CHANGED ______________ YEAR __________