

**SFCC Office of Registration
Residency Committee Petition for Reclassification**

Name of Student: _____ **Student ID:** _____

Date of Petition: _____

1) Documents – Please list and attach copies of documents to be considered along with a copy of the student application.

FL Driver’s License **FL Voter’s Registration** **FL Vehicle Registration**

Other: _____

2) Circumstances: To the best of your ability, please indicate when you became a resident and what you have done to establish physical presence and legal ties with the State of Florida. Use a second page if necessary.

Signature of Student/Claimant: _____

Residency Committee Use:

- Approved**
- Pending**
- Rejected**

Term of Approval: _____

Comments: _____

Date Processed: _____

Committee Chair: _____