



**SFSC 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

Term of Approval: _____

Pending

Rejected

Comments: _____

Date Processed: _____

Committee Chair: _____