Important. You must read and sign the following section in order to complete your application to Florida Atlantic University.

Failure to answer these questions will delay processing of your application. If you answer yes to any of the following, you must submit a full statement of relevant facts on a separate sheet attached to this form. You may be required to furnish the University with copies of of cial documentation explaining the nal disposition of the proceedings. If any box is checked "YES", additional documentation and/ or further consideration by the Admissions Review Board may be required.

A. U Yes U No Are you currently or have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution?

B. U Yes U No Have you ever been charged with a violation of the law that resulted in, or, if still pending, could result in probation, community service, a jail sentence, the revocation or suspension of your driver's license (including traf c violations that resulted in a ne of \$200 or more)?

t * DFSUJGZ UIBU UIF BCPWF JOGPSNBUJPO JT DPSSFDU BOE DPNQMFUF BOE VOEFSTUBOE and withdrawal from the University. I agree to abide by the policies of the Florida Board of Education and the rules and regulations of this University.

Student's signature:						Student ID #:

This form is used to establish residency status for tuition purposes for non-degree seeking students at Florida Atlantic University. All new non-degree students, or those who have not attended FAU within the last year, must complete this form. This form should be submitted by mail with your non-degree enrollment application. If you are a transient Student from another State University in Florida, a State University System Transient Student form can be used in lieu of this form.

Name:	Student I.D. (Z #):	Date of Birth
Term applying for:	Daytime phone: ()	
Legal permanent home address:		

Student's address and if under 25, parent's name and address:

Note: if you are a non-U.S. citizen, please see important information in Section a. and Part 1-#6 below. A Florida "resident for tuition purpose" is a person who (or a dependent person whose parent or legal guardian) has established and maintained legal residence in Florida for at least 12 consecutive months immediately prior to his/her initial enrollment in an institution of higher education. Other persons not meeting the

YOU MUST SUBMIT COPIES OFALL DOCUMENTATION FOR REVIEW (WHICHAREAPPLICABLE) AND SUBJECT TO VERIFICATION.

<u>PART II. DOCUMENTATION – The person claiming residency should complete and document the following sections</u> (1-3). If an independent person, that will be the student; if a dependent person, that will be the parent or legal guardian; if the application is based upon the residency of a spouse, the information should be on both you and your spouse.

1. PHYSICAL PRESENCE – DOCUMENTATION SUCH AS LEASE, DEED, HOMESTEAD, DORM AGREEMENT, ETC. MUST BE PROVIDED FOR ALL ADDRESSES WITHIN THE LAST 12 MONTHere as follows: lease, own, rent room, family home, dorm.)

Current address:						
How long have you resi	ded at this address?	years	months (T	YPE		
Previous address:						
How long did you reside	e at this address?	years	months (TYF	PE		
If the above addresses	do not total 12 months,	please account for the oth	er months:			
ADDITIONAL VERIE	FICATION FOR PHY	SICAL PRESENCE -	documentation n	nust be provide	ed for the following:	
	ch copies of early and later and later and amounts of mone	ate bank statements or let y in your account.)	<u>ter from bank. If you</u>	u are submitting s	tatement, please blacken	
Name and location of b	ank:		Date acc't opened:	Is it	an active account?	
SCHOOL(S) – other the Name/City/State	ın FAU:	Dates attended: from/to		full	-time/part-time	
OCCUPATIONAL LICE	NSE: (Attach copy of lice	,				
Type of License:				State	Date Issued:	
Florida Articles of Incorp	poration (attach copy):					
Name and Date activate	ed Florida Articles of Inco	prporation:				
EMPLOYMENT – [Prov whether full- or part-time		ny letterhead stating date	<u>s of employment in</u>	<u> Florida, average</u>	hours worked per week	ζ,
1) Employer's name/ad	dress/phone:					
Dates employed: from	m to	full-time?	part-time?	Average hour	s worked per week?	
2) Employer's name/ad	dress/phone:					
Dates employed: from	m to	full-time?	part-time?	Average hour	s worked per week?	
FILED AT LEAS	12 MONTHS PRIOF	TED THAT AT LEAST <u>TO THE FIRST DAY</u> <u>UGHT: (Attach copies</u>)	OF CLASSES F			
Drivers License:	State	Date Issued		Number		_
Voter Registration:	State	Date Issued		Number		_
Vehicle Registration:	State	Date Issued		Decal #		
Declaration of Domicile	Date led	Date established reside	ence	County		_
EDUCATIONAL	PURPOSES. The fol ed in Florida during the la	CIFY THAT YOUR IN lowing information is u ast 12 months? Yes	sed to determine	e the intent of th	he applicant:	
Do you own a home in l	Florida? Yes No	If so, provide copy	y of deed, homestea	ad exemption, etc		
PART III. AFFIDAVIT –	THIS SECTION MUST E	BE SIGNED BY THE PER	SON CLAIMING RE	SIDENCY		
and correct. I UNDERS STATEMENT PURSUA	TAND THAT A FALSE S NT TO 837.06 OF THE	n provided above for the pu TATEMENT IN THIS AFFI FLORIDA STATUT <u>ES. I A</u> OCUMENTATION IF DEEI	DAVIT WILL SUBJE	ECT ME TO PENA D THAT THE UNI	ALTIES FOR MAKING A F	FALSE
	Signature of person claimi	ing Florida residency			Date	

NON-FLORIDA RESIDENTS ONLY

I understand that I do not qualify as a Florida resident for tuition purposes at this time and that if I should qualify for some future term it will be necessary for me to le the required documentation prior to the deadline for the term I am requesting consideration for Florida resident classi cation.