

CALIFORNIA NONRESIDENT TUITION EXEMPTION REQUEST

(AB 540 as amended by Education Code section 68130.5, Effective Jan. 1, 2018)

INSTRUCTIONS

Complete and sign this form to request exemption from nonresident tuition charged to nonresident students. Once determined to be eligible, you will continue to receive the exemption as long as you fulfill eligibility requirements or until the College or University no longer offers this exemption. Applying for this exemption does not alter your responsibility to pay, by the campus deadline, any nonresident tuition and associated fees that may be due before your eligibility is determined.

APPLICATION

I, the undersigned, am applying for the California Nonresident Tuition Exemption at _____ (College or University) and declare that the following apply to me.

1.) Check one box only:

☐ I have a current nonimmigrant visa (not including a T and U visa) as defined by federal law.

Nonimmigrants have been admitted to the U.S. on a temporary visa and include, but are not limited to, foreign students (holding F visas) and exchange visitors (holding J visas).

☐ I have a current nonimmigrant visa and have been granted T or U visa status as defined by federal law.

☐ I do NOT have a current, nonimmigrant visa as defined by federal law.

This includes, among others, U.S. citizens, permanent residents, DACA recipients, and individuals without current or valid immigration status.

2.) Select all items that apply to you from each column:

Column A

☐ I attended a combination of California high school, adult school, and community college for the equivalent of three (3) years or more.*

☐ I have three (3) or more years of California high school coursework *and* attended a combination of California elementary, secondary, and high school of three (3) years or more.†

Column B

☐ I have graduated or will graduate with a California high school diploma or have the equivalent (i.e. California-issued GED, CHSPE).

☐ I have completed or will complete an associate's degree from a California Community College.

☐ I have completed or will complete the minimum requirements at a California Community College for transfer to the California State University or the University of California.

Please provide information on the schools you attended and referenced above, including the dates you attended and the number of credits obtained or hours completed:

* A year's equivalence at a California community college is either a minimum of 24 semester units of credit or 36 quarter units of credit. For noncredit courses, a year's attendance is a minimum of 420 class hours per year (a semester is equivalent to a minimum of 210 hours and a quarter is equivalent to a minimum of 140 hours). Full-time attendance at a California adult school is a minimum of 420 hours of attendance for each school year.

† This provision addresses both a coursework and an attendance requirement, which can both be satisfied in three or more years.

Name of CA School	Type of School (high school, adult school or community college)	City	From (Month/Year)	To (Month/Year)	Number of Credits or Hours

Applicants must submit, as part of this form, official transcripts/attendance records that validate any of the information above as requested by the College, District, or University residence official.

AFFIDAVIT:

By signing this document below, I hereby state that if I am a non-citizen without a current or valid immigration status, I have filed an application to legalize my immigration status or will file an application as soon as I am eligible to do so.

DECLARATION OF TRUE AND ACCURATE INFORMATION:

I, the undersigned, declare under penalty of perjury that the information I have provided on this form is true and accurate. I understand that this information will be used to determine my eligibility for the California Nonresident Tuition Exemption. I further understand that if any of the above information is found to be false, I will be liable for payment of all nonresident tuition charges from which I was exempted and may be subject to disciplinary action by the College or University.

FULL NAME	CAMPUS ID NUMBER	EMAIL ADDRESS
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SIGNATURE	DATE
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