COLLEGE OF MARIN

Petition for Reclassification
(To accompany Residence Questionnaire)

DATE RECEIVED_____

INITIALS _____

PLEASE PRINT. ALLOW 10 WORKING DAYS, FROM DATE RECEIVED, FOR REVIEW PROCESS.

I am requesting a redetermination for

❑ FALL ___ ❑ SPRING ___ ❑ SUMMER ___

STUDENT IDENTIFICATION NO. (SOCIAL SECURITY NO.)

NAME

LAST FIRST MIDDLE INITIAL

MAILING ADDRESS

NUMBER & STREET

CITY STATE ZIP

DAY PHONE

AREA CODE TELEPHONE NUMBER

EMAIL ADDRESS

The following questions must be answered by all students wishing a re-evaluation of their current residence status. These questions are required by State law. ***Redeterminations will not be made unless all questions are answered.***

1. Indicate your parents' legal state of residence: MOTHER _____ FATHER _____

2. In the past four years, did you or will you live with your parent(s) for more than six weeks? ❑ YES ❑ NO
   If yes, indicate dates and parent(s) with whom you resided.

   ❑ MOTHER FROM MONTH DAY YEAR TO MONTH DAY YEAR

   ❑ FATHER FROM MONTH DAY YEAR TO MONTH DAY YEAR

3. If you have lived with your parent(s) in the past 12 months (or plan to live with them in the coming 12 months), indicate specific dates:

   ❑ MOTHER FROM MONTH DAY YEAR MONTH DAY YEAR

   ❑ FATHER FROM MONTH DAY YEAR MONTH DAY YEAR

4. Have you received more than $750.00 in financial assistance from your parent(s) in any of the last four years?
   ❑ YES ❑ NO If yes, indicate parent(s) and year(s): ❑ MOTHER _____ ❑ FATHER _____

5. Indicate the source of your financial support for the past four years: _____
   _____

6. Have your parent(s) or will your parent(s) claim you as an exemption on their state and federal income tax returns in any of the past four years? ❑ YES ❑ NO
   If yes, indicate parent(s) and year(s): ❑ MOTHER _____ ❑ FATHER _____

I hereby swear and affirm under the possible penalty of perjury that the information on this document is complete, correct, and true. I understand falsification of any of the above information may result in a denial of my admission to the College or subsequent dismissal and the assessment of any and all pertinent fees.

STUDENT SIGNATURE _____ DATE _____