



San Diego Community College District
California Nonresident Tuition Exemption Request
 For Eligible California High School Graduates

Fall Spring Summer Year: _____

Note: This form is accepted by all California Community Colleges and all campuses in the California State University system; some University of California campuses will allow use of this form, but most require applicants to complete a campus-specific form to apply for AB 540 status.

Complete and sign this form to request an exemption from Nonresident Tuition. You must submit any documentation required by the College or University (for example, proof of school attendance in California). Contact the California Community College, University of California or California State University campus where you intend to enroll (or are enrolled) for instructions on documentation, additional procedures and applicable deadlines.

ELIGIBILITY:

I, the undersigned, am applying for a California Nonresident Tuition Exemption for Eligible California High School Graduates at City, Mesa, and/or Miramar College, and I declare the following:

Check YES or NO boxes:

Yes No I have graduated from a California high school or have attained the equivalent thereof, such as a High School Equivalency Certificate, issued by the California State GED Office or a Certificate of Proficiency, resulting from the California High School Proficiency Examination.

Yes No I have either:

- Attended high school in California for three or more years, or
- Attained credits earned in California, from a California, high school equivalent to three or more years of full-time high school course work, **and** attended any combination, totaling three or more years, of elementary, middle, and/or high school in California.

Specify the most recent three years of elementary, middle, and/or high schools you attended in California:

| School | City | State | Dates | |
|--------|------|-------|-------------------|-----------------|
| | | | From (Month/Year) | To (Month/Year) |
| | | | | |
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Documentation of applicable school attendance and graduation (or its equivalent) is required by the University of California, the California State University and some California Community Colleges. Follow campus instructions.

Check the box that applies to you -- check only one box:

I am a nonimmigrant alien as defined by federal law and have been granted T or U visa status, under Title 8 of the United States Code, sections 1101(a)(15)(T) or (U).

OR

I am NOT a nonimmigrant alien. [U.S. citizens, permanent residents, Deferred Action for Childhood Arrivals (DACA) grantees, or aliens without lawful immigration status, among others, should check this box.]

OR

I am a nonimmigrant alien as defined by federal law. [Nonimmigrant aliens have been admitted to the United States temporarily and include, but are not limited to, foreign students (persons holding F visas), exchange visitors (persons holding J visas) and tourists/Visa Waiver Program (persons holding B visas)]. Do not check this box if you have been granted T or U visa status (check first box above).

PLEASE FILL OUT AFFIDAVIT ON REVERSE SIDE OF THIS FORM

AFFIDAVIT

I, the undersigned, declare under penalty of perjury under the laws of the State of California 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 nonresident tuition exemption for eligible California high school graduates. I hereby declare that, if I am an alien without lawful 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. I further understand that if any of the above information is untrue, I will be liable for payment of all nonresident charges from which I was exempted and may be subject to disciplinary action by the College or University.

Student Name: _____ Student ID Number: _____
(PRINT) as it appears on your college student records

Address: _____
Street City State Zip

E-mail: _____ Telephone: _____

Signature: _____ Date: _____