



Graduate Residency Classification Appeal Form

1. Name (Last, First, M.): _____ UCFID: _____

2. Address/Apt #: _____

City/State/Zip: _____

Knights Email Address: _____ Phone Number: _____

3. Appeal for Term (check one): Fall Spring Summer Year: _____

4. I am requesting this appeal because:

My residency documentation was not submitted by the last day of Add/Drop for the term to which I applied.

Required: Explanation and documentation as to why the requested documents were not submitted on time.

I believe my residency classification decision was made in error based on the information I provided:

Required: Any additional documentation that supports your claim for Florida residency.

Please list any supporting documents you have included with this form:

I have reviewed and understand the university's residency initial classification/reclassification policies. I accept responsibility for payment of my semester tuition and fees by the published deadline. I understand that if I fail to pay my full tuition and fees by that deadline, I will be charged a \$100 Late Payment Fee, my records will be put on hold, my account will be referred to a collection agency, and I may incur other financial consequences. Denial of your residency appeal is not sufficient cause for filing a petition for a late drop.

All decisions made by the University Residency Appeals Committee are final.

Signature: _____ **Date:** _____