

Graduate, Undergraduate and Equity Affairs

California Nonresident Tuition Exemption Request/AB540 Affidavit

Complete and sign this form to request an <u>AB540 exemption</u> from Nonresident Supplemental 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 University no longer offers this exemption. Applying for this exemption does not alter your responsibility to pay, by the campus deadline, any Nonresident Supplemental Tuition and associated fees that may be due before your eligibility is determined.

•	ore your eligibility is determined.	om eside	it supplemental re	mion and associate	za rees tria	. may be
	ATION Indersigned, am applying for a University of Califor that the following apply to me.	nia Nonre	esident Tuition Exe		campus)	_ and
1.) Sele □	ct one box only: I have a current nonimmigrant visa as defined by Nonimmigrants have been admitted to the U.S. of students (holding F visas) and exchange visitors (on a temp	orary visa and incl	ude, but are not lir	nited to, fo	reign
□ I do NOT have a current, nonimmigrant visa as defined by federal law. By way of example, U.S. citizens, permanent residents, DACA recipients, and individuals without immigration status would select this option because they do not have a current, nonimmigrant						
2.) Sele	ct all items that apply to you from each column:					
Column A I attended a California high school for three (3) years or more. I attended a combination of California elementary, secondary, and high school of three (3) years or more. I attended a combination of California high school, adult school, and community college for three (3) years or more. 3.) Select the box below if the statement applies I certify that I was present in California while attending			Column B I have graduated or will graduate with a California high school diploma or 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 v	while pre	sent in California a	nd referenced abo	ve:	
Name	of California School	City		From mm/yyyy	To mm/yy	УУУ
	nt must submit, as part of this form, official transc as requested by the campus residence official (i.e.,			•		tion
	VIT: By signing this document below, I hereby stat application to legalize my immigration status or v			_		I have
I, the underst	RATION OF TRUE AND ACCURATE INFORMATION: ndersigned, declare under penalty of perjury that cand that this information will be used to determine understand that if any of the above information is charges from which I was exempted and may be seen.	the informe my eligos found to	ibility for the Califo be false, I will be I	ornia Nonresident iable for payment	Tuition Exe of all nonre	mption. I
Full Name	2	Campı	s ID	Email		

Signature_

_ Date ___