

## **POLICY ON FLORIDA RESIDENT TUITION**

THE HEALTH PROFESSIONS DIVISION OF NOVA SOUTHEASTERN UNIVERSITY declares this to be the policy regarding student eligibility for Florida resident tuition rates.

THE DETERMINATION AS TO ELIGIBILITY FOR INSTATE TUITION SHALL BE MADE EXCLUSIVELY BY THE HEALTH PROFESSIONS DIVISION. IF THE DECISION, AT THE TIME OF YOUR INITIAL MATRICULATION IS THAT OF A NONRESIDENT FOR TUITION PURPOSES, IT WILL REMAIN THE SAME DURING THE ENTIRE TIME YOU ARE ENROLLED IN THE HEALTH PROFESSIONS DIVISION OF NOVA SOUTHEASTERN UNIVERSITY, REGARDLESS OF ANY CHANGE IN CONDITIONS.

It is the policy of the Health Professions Division to encourage Florida residents to attend the Division's various programs, in the hope that Florida residents graduating from the Division will practice their professions in Florida, and thus benefit the residents of Florida. Accordingly, the Division may, from time to time, establish a reduced tuition rate to be charged to those students who, pursuant to the terms and conditions contained herein, can demonstrate with credible evidence that they are legal residents of the State of Florida for tuition purposes. The criteria used are that of Chapter 240.1201, Florida Statutes.

In order to demonstrate eligibility for Florida Resident Instate Tuition, it is the obligation of the applicant to show by credible evidence that he or she is a Florida Resident for tuition purposes prior to matriculation in one of the Division's programs. This is a two (2) step process.

**This office MUST receive the application and supporting documentation 30 days from the receipt of the forms, or you will be considered an Out-of-State Student for tuition purposes.**

**Please read carefully and follow all instructions in order to avoid a delay on your Florida Residency application.**

**STEP ONE: First the applicant must demonstrate one of the following:**

1. The student has been a resident of the State of Florida continuously for the one year period prior to being accepted as a student in one or more of the programs at the Health Professions Division of Nova Southeastern University.  
OR
2. The student is a dependent child of a legal Florida resident who has maintained that resident status for a minimum of twelve (12) months immediately prior to the student's matriculation. A "dependent child" is a person who has been claimed by his or her parent or guardian as a dependent under the "Federal Income Tax Code."  
OR
3. The student is married to a Florida resident, the latter having been a resident of Florida for a minimum of twelve (12) months immediately prior to the student's matriculation.  
OR
4. The student has purchased and resided in a home, in the State of Florida, for reasons other than attending school for at least (12) months prior to his or her initial matriculation as a student in the Division.

**If the applicant fails to demonstrate that one of the above four (4) criteria is applicable to him or her, then the applicant will not be considered further for in-state tuition.**

If the student meets one of the foregoing criteria then the student is **eligible to be considered** for Florida Resident Tuition. **Such eligibility does not guarantee that the student will be granted Florida resident status for tuition purposes,** but simply means that the student meets the minimum criteria to apply for such status.

**STEP TWO:** The second step in the process is for the applicant to demonstrate by credible evidence that he or she is a Florida resident for tuition purposes in accordance with the statutory intent.

It is the obligation of the applicant to supply the documents to support this application.

**BEING A LEGAL RESIDENT OF FLORIDA IS, BY ITSELF, INSUFFICIENT TO BEING ELIGIBLE TO RECEIVE INSTATE TUITION.** As set forth in Florida Statutes, Section 240.1201, a student's physical presence in the State of Florida which was merely incident to enrollment in an institution of higher education will not constitute "residence" in the State for purposes of this Policy.

**Each student's application for Florida resident status for tuition purposes shall be accompanied by as much of the following documentation as necessary to establish such student's eligibility.**

1. Completed application requesting consideration for Florida in-state tuition status.
2. Signed and notarized sworn "Residency Statement" (Mandatory) (page #9)
3. The student's Federal Income Tax returns for the prior three (3) years.
4. Leases and/or rent receipts for the student's residence for the prior three (3) years.
5. Copy of Florida driver's license, (front and back) obtained at least twelve (12) months prior to matriculation. Copies of any other driver's licenses in your possession.
6. Voter registration card obtained at least twelve (12) months prior to matriculation.
7. Copy of parent's Federal Income Tax returns for the prior two (2) years if eligibility is based upon dependency.
8. Recorded Deed and utility bills, if eligibility is based upon ownership and residence in a home in Florida. Copy of Homestead exemption.
9. Bank records.
10. High School diploma.
11. College diploma or diplomas.
12. Rent receipts for at least the prior twelve months.
13. Immigration Card, (if applicable).

14. A **copy** of all transcripts from Florida colleges or universities indicating that you were admitted as a Florida resident for tuition purposes. You must also demonstrate by evidence that there was no breach of your residency status from the time you left the Florida school system and your enrollment at Nova Southeastern University.
15. If student's eligibility is based upon marriage to a Florida resident, all of the foregoing documentation as they relate to the spouse, as well as a copy of the marriage license.
16. Declaration of Domicile at least twelve (12) months old.
17. If a student's eligibility is based upon being a dependent of a parent or legal guardian, all of the foregoing documentation as they relate to parent or guardian is required, as well as Federal Income Tax returns for parent or legal guardian for the prior two (2) years.
18. Such other documentation as will demonstrate domicile.

**Note: Please be sure to provide copies that are clear and legible.**

The application and documentation shall be filed with the Admissions office of the Health Professions Division as soon as practical after deciding to enroll in the Division, however, unless good cause is shown, **all materials including supporting documents must be submitted 30 days from receipt of these forms.** If you have any questions regarding this, please call 1-800- 356-0026, extension 1101.

Upon receipt of the foregoing, the documentation will be reviewed and the student will be advised of the decision. If additional information is needed to make the determination, written notice will be given to the applicant, who will have two (2) weeks to supply the missing information, or to show good cause why additional time is needed. The Health Professions Division reserves the right to request a personal interview prior to a decision being made. **If a decision is not made prior to matriculation, the student will be enrolled** as an out-of-state student for tuition purposes until such time as a decision is made, unless mutually satisfactory arrangements are made to the contrary.

Any student granted status as a Florida resident for tuition purposes in which the decision was based on false, incorrect, misleading information or failure to include pertinent information, whether written or oral, shall owe to the University any reduction in tuition granted such student, plus interest, and attorney's fees incurred by the University in collecting such sums. Notwithstanding the above, the University shall be entitled to all other available remedies.

In the event of an adverse decision, the student may request that the Executive Vice Chancellor/Provost of the Health Professions Division review the materials and the decision. The student shall have seven (7) school days, after receipt in writing of the decision, in which to request this review. The student's failure to make a timely request will waive any further right of the student for a review. The Executive Vice Chancellor/Provost may either affirm or reverse the decision. The student will be notified in writing of the decision. The decision of the Executive Vice Chancellor/Provost is final and not subject to appeal.

Although the determination of eligibility for in-state tuition will be made exclusively by NSU, occasionally the State of Florida will require additional information or documentation to verify the student's status. Continuation of the student's in-state tuition at HPD-NSU is dependent upon the student's cooperation in supplying the requested documents in a timely manner. Notwithstanding any of the above, failure to cooperate may result in the student's reclassification as an out-of-state student for tuition purposes.

**If additional space is needed, please utilize 8" by 11" sheets of paper and attach to the appropriate page.**

**PROGRAM - \_\_\_\_\_**

**APPLICATION FOR "FLORIDA STUDENT"  
RESIDENCY CERTIFICATION**

**PLEASE PRINT OR TYPE**

**Name:** \_\_\_\_\_  
Last First Middle

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please select only one of the following:**

- I am claiming instate tuition based on my residency.
- I am claiming instate tuition based on my being a dependent of my parent or legal guardian.
- I am claiming instate tuition based on my spouse's residency.

Residency Status for tuition purposes is defined in Section 240.1201, Florida Statutes: Only those applications which clearly indicate by credible evidence eligibility for residency certification by twelve (12) consecutive months immediately prior to the date of the student's matriculation into Nova Southeastern University. Proof is the responsibility of the applicants.

Applicants who claim residency as a dependent must document the Florida residency of the parents or guardians and their dependent status upon those parents or guardians.

Applicants who base their application on his/her spouse's residency must document the Florida residency of their Spouse.

**SECTION ONE: TO BE COMPLETED BY ALL APPLICANTS**

**Name:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_  
Last First Middle

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
Month/Day/Year

Present Mailing Address:

\_\_\_\_\_  
Number Street Apt. Number  
\_\_\_\_\_  
City State Zip Code

Telephone Number: ( ) \_\_\_\_\_

How long at this address: \_\_\_\_\_

What is your legal address?

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Number	Street	Apt. #
City	State	Zip Code

All addresses used over the last three years. Use back of form if additional space is needed.

From: \_\_\_\_\_ to \_\_\_\_\_

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Number	Street	Apt. #
City	State	Zip Code

From: \_\_\_\_\_ to \_\_\_\_\_

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Number	Street	Apt. #
City	State	Zip Code

High School Graduation: YEAR: \_\_\_\_\_ Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_

All colleges or universities previously attended or currently attending:

Name of College	City and State	Dates Attended	Resident of What State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have been employed during the last two years: **(You must present documentation/proof of employment, i.e., copies of W2's pay stubs, income tax returns, letter verifying employment for employer, etc.)**

Name of most recent Employer or Business \_\_\_\_\_

Address: \_\_\_\_\_  
City State

Position: \_\_\_\_\_ Full Time or Part Time: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

**ADDITIONAL EMPLOYMENT:**

Name of Employer or Business: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Name of Employer or Business: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Full or Part Time: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

**SECTION TWO: TO BE COMPLETED ALONG WITH SECTION ONE IF YOU ARE APPLYING BASED ON YOUR SPOUSE'S RESIDENCY.**

**If you are claiming on the basis of a spouse's residency you must produce copies of the marriage License, the spouse's Income Tax Returns for the prior three (3) years. In addition to documentation requested on pages two (2) and three (3) for your spouse.**

Spouse's Name: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Name of Spouse's Employer or Business; \_\_\_\_\_

Address of Spouse's Employer or Business; \_\_\_\_\_  
Street City State Zip Code

Position: \_\_\_\_\_ Full Time or Part Time \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

**SECTION THREE: TO BE COMPLETED ALONG WITH "STEP ONE" IF YOU ARE PRESENTING YOUR CLAIM AS A DEPENDENT OF A PARENT, GUARDIAN OR RELATIVE.**

**IN ADDITION, YOU MUST SUBMIT AS MANY OF THE ITEMS LISTED ON PAGES 2 AND 3 AS POSSIBLE TO ESTABLISH THE FLORIDA RESIDENCY OF THE PARENT, GUARDIAN OR RELATIVE.**

Name of Parent/Guardian or Relative: \_\_\_\_\_  
Last First Middle

Relationship to applicant: \_\_\_\_\_

Address of Parent/Guardian or Relative: \_\_\_\_\_  
Street City State Zip Code

Telephone #: ( ) \_\_\_\_\_

Legal Residence of Parent/Guardian or Relative if different from above:

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Number	Street	Apt. # Etc.
_____		
City	State	Zip Code
_____		
How Long ? _____		

*If you are claiming residency on the basis of a relative other than a parent or legal guardian, you must produce copies of the relative's Federal Income Tax Returns for the prior five (5) years.*

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**ALL STUDENT APPLICANTS for Florida Residency (COMPLETE AND SIGN BELOW)**

Do you grant permission for this office to request oral or written verification of the information from the registrar of your present school? Yes \_\_\_\_\_ No \_\_\_\_\_

I certify that all of the information supplied in this matter is true and correct and there have not been any significant omissions. I further understand that if I am granted status as a Florida resident for tuition purposes on which the decision was based, whether written or oral, on false, incorrect, misleading or failure to include pertinent information, I will owe to the University any reduction in tuition granted me, plus interest and attorney fees incurred by the University in collecting such sums.

To Be Signed by the Applicant:

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Print Name

\_\_\_\_\_ Date \_\_\_\_\_

Signature in Ink

**RESIDENCY AFFIDAVIT**

I, \_\_\_\_\_ state that:

(Name of Applicant- please print)

(choose below the appropriate person that the residency claim is based on and insert the name in proper space)

I \_\_\_\_\_ have (if independent)

Or My Parent/Guardian, \_\_\_\_\_ has (if dependent)

Or My Spouse, \_\_\_\_\_ has (if claiming residency through spouse)  
(Name of Spouse – please print)

been a legal resident of the State of Florida for twelve (12) consecutive months prior to the date of my matriculation to Nova Southeastern University and has maintained a Bona Fide Domicile rather than a mere residence of abode incident to my enrollment in an institution of higher education; and that as such, I am entitled to classification as a Florida resident for tuition purposes under the terms and conditions required for Florida resident status for tuition purposes in Section 240-1201, Florida Statutes ( Supp. 1994 ).

Nova Southeastern University Health Professions Division requires that this statement be notarized.  
**ALL STATEMENTS I HAVE MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
(APPLICANTS SIGNATURE AND DATE

IN WITNESS WHEREOF, \_\_\_\_\_ have here unto set \_\_\_\_\_ hand and seal this \_\_\_ day of \_\_\_\_\_, AD 200\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_,by \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Personally known \_\_\_\_\_

Produced Identification \_\_\_\_\_

Type of Identification produced \_\_\_\_\_