



College-wide Appeal of Florida Residency Classification for Tuition Purposes

Steps for Appealing Florida Residency for Tuition Purposes per Florida Statute 1009.21

1. The student shall have been denied at the campus level prior to submitting a request to the college-wide appeal committee. The student must appeal to the College Registrar's Office and may submit the appeal to any Campus Registrar's Office for processing.
2. The student must complete the college-wide Florida Residency for Tuition Purposes Appeal form. The appeal must state the reasons for the appeal and provide clear and convincing documentation to support the appeal. The appeal should address any information that was not previously submitted or considered in the original residency request.
3. A copy of all new and previously submitted documents supporting the Florida residency claim must be attached to the form.
4. The form must be signed by the student and submitted with required documents to one of the previously stated offices prior to the first day of the term in which the student is requesting residency.
5. The office receiving the appeal will review the information for completeness and insure the student was previously denied at the campus level. After review the receiving office will scan the appeal to the student records and inform the committee chairperson of the appeal within 5 business days of receipt.
6. The committee chairperson will schedule a meeting to review any submitted appeals in a timely manner. The committee may request additional information from the student or campus in order to make a decision.
7. Upon review, the college-wide committee will inform the student of its decision in writing within 2 weeks after the appeal review.
8. The college-wide committee's decision is final in accordance with FS 1009.21 and no further appeal exists.

Please Print:

Student ID: _____ Name: _____

Phone: _____ PBSC Email: _____@my.palmbeachstate.edu

Please check the term for which Florida residency for tuition purposes is being sought: Fall _____ Spring _____ Summer _____

Student Signature: _____ Date: _____

Please attach a statement listing the specific reason or circumstances for your appeal. Be sure to provide copies of ALL DOCUMENTATION you wish for the committee to consider. You will be notified of the committee's decision via your Palm Beach State student email account.

OFFICE USE ONLY

Action: _____ Approved _____ Denied _____ Term: _____

Committee Chair Signature: _____ Date: _____

Comments: _____

