

San Diego Community College District

California Nonresident Tuition Exemption Request

Education Code § 68130.5, as amended, commonly known as AB 540

☐ Fal	I ☐ Spring	□ Summer	Year:				
Note: This form is accepted by all Califor some University of California campuses w form to apply for AB 540 status as amend	vill allow use of th	is form, but mos	st require app	plicants to complete a campus-specif			
INSTRUCTIONS							
Complete and sign this form to reque Once determined to be eligible, you verthe requirements or until the College or Uniting to pay, by the due before your eligibility is determined.	will continue to Jniversity no lor y the campus de	receive the exe nger offers this	emption as exemptior	long as you fulfill eligibility Applying for this exemption does			
APPLICATION							
I, the undersigned, am applying for the College District (select one):	ne California No	onresident Tuit	ion Exemp	tion with the San Diego Commun	ity		
☐ San Diego City College	☐ San Dieg	o Mesa Colleg	je 🗖	San Diego Miramar College			
I declare that the following apply to me:							
1) Check one box only:							
☐ I have a current nonimmigi Nonimmigrants have been admit (holding F visas) and exchange	tted to the Ù.S. on	a temporary visa	,	s defined by federal law. but are not limited to, foreign students			
☐ I have a current nonimmig	rant T or U visa	as defined by	federal law	V.			
☐ I do NOT have a current, n This includes, among others, U.S immigration status.				aw. s, and individuals without current or valid			
2) Select all items that apply to be eligible):	o you from ead	ch column (m	ust satisfy	at least one from each column	ı to		
Column A				Column B			
☐ I have three (3) years of attendance high school. ☐ I have three (3) or more years of coursework and three (3) years (California elementary schools, Coursework)	f high school of attendance in	term o Colleg or the HiSFT	☐ I have graduated or will graduate (before the first term of enrollment at the California Community College (CCC)) with a California high school dip or the equivalent (i.e., California-issued GED, HiSET, CHSPE).				
schools, or a combination of Cal and secondary schools. I attended or attained credits at a California high school, California California Community College (Cequivalent of three (3) years or respectively.	edits at a combination of california adult school, and/or ollege (CCC) for the		 I completed or will complete (before the first term of enrollment at the CCC) an associate's degree from a California Community College. I completed or will complete (before the first term of enrollment at the CCC) the minimum requirements a a California Community College for transfer to the California State University. 				
equivalent of three (3) years or r	nore.*						

Distribution: Campus Residency

^{*}A year's equivalence at a California Community College is either a minimum of 24 semester units of credit or 36 quarter units. For noncredit courses, a year's attendance is a minimum of 420 class hours per year (a semester is equivalent to a minimum of 210 hours and a quarter is equivalent to a minimum of 140 hours). Full-time attendance at a California adult school is a minimum of 420 hours of attendance for each school year.

Please provide information on the schools you attended and referenced above, including the dates you attended and the number of credits or hours obtained:

Name of California School	Type of School (high school, adult school, or community college)	City	Da	Number of	
			From (Month/Year)	To (Month/Year)	Credits or Hours

Applicants must submit, as part of this form, official transcripts/attendance records that validate any of the information above as requested by the College, District, or University residence officials.

AFFIDAVIT

By signing this document below, I hereby state that if I am a non-citizen without a current or valid 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.

DECLARATION OF TRUE AND ACCURATE INFORMATION

I, the undersigned, declare under the penalty of perjury 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 California Nonresident Tuition Exemption. I further understand that if any of the above information is found to be false, I will be liable for payment of all nonresident tuition charges from which I was exempted and may be subject to disciplinary action by the College or University.

Student Name:			Student	ID Number	:	
Address: _	Street	City	State	Zip	_ Birth Date:	
E-mail:			Telephone:			
Signature:				Da	te:	