



# SUPPLEMENTAL RESIDENCY QUESTIONNAIRE

FALL 20\_\_\_ /  SPRING 20\_\_\_ /  SUMMER 20\_\_\_

Oceanside Campus: 1 Barnard Drive, Sta.10A, Oceanside, CA 92056 • San Elijo Campus: 3333 Manchester Ave., Sta. 17B, Cardiff, CA 92007

LAST NAME

1. Legal Name \_\_\_\_\_  
Last First Middle Initial

2. Address \_\_\_\_\_  
Street City / State Zip

3. Social Security Number \_\_\_\_\_ - - 4. Sex  Male  Female

5. Telephone \_\_\_\_\_ 6. Date of Birth \_\_\_\_\_  
Month / Day / Year

7. Citizenship Status  
 U.S. Citizen  Amnesty  Other Status  Permanent Resident  Refugee/Asylee  
 Temporary Resident  Student Visa (F1/M1)

If you did not specify U.S. citizen, please indicate the following:

Alien registration number OR VISA type Issue Date Expiration Date

Check If None

8. Birthplace \_\_\_\_\_

### Select one of the following:

A. I am at least 19 years of age OR married  
(Complete questions #14-21 for myself)

OR

B. I am under 19 years of age AND unmarried  
(Complete questions #9-21 for my parent or guardian)

9. Check with whom you are currently residing:  
 Mother  Father  Stepmother  Stepfather  
 Other \_\_\_\_\_

10. Name of the person you're residing with:  
\_\_\_\_\_  
Last First Middle

11. Are you a dependent of your parents for income tax purposes?  
 Yes  No

12. Citizenship Status  
 U.S. Citizen  Amnesty  Other Status  
 Permanent Resident  Refugee/Asylee  Temporary Resident  
 Student Visa (F1/M1)

If you did not specify U.S. citizen, please indicate the following:

Alien registration number OR VISA type • Issue date • Expiration date

13.  Check If None

14. When did your present stay in California begin? \_\_\_\_\_  
Month / Day / Year

15. Have you been in continuous residence in the state of California for (at least) the last two years?  Yes  No

If NO, enter your last state or country of residence \_\_\_\_\_  
State

FIRST NAME

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16. Do you intend to maintain California as your state of legal residence?  Yes  No

17. Are you a full-time employee or spouse or dependent of a full-time employee of a California community college, California State University or College, the University of California, or the Maritime Academy?  Yes  No  
If "YES," list name, relationship, where employed and the position held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Are you a full-time credentialed employee of a California public school enrolling in college for purposes of fulfilling credential-related requirements?  Yes  No

19. Have you been employed as a seasonal agricultural worker for at least a total of two months of each of the past two years?  Yes  No

20. WITHIN THE LAST TWO YEARS, have you done any of the following OUTSIDE OF CALIFORNIA?  Yes  No

If YES, check which you have done:

- Filed state income taxes in another state
- Voted in another state
- Petitioned for a divorce in another state
- Attended an out-of-state educational institution as a resident of THAT STATE
- Declared residency in ANOTHER STATE for income tax purposes

21. Have you done one or more of the following in California?  Yes  No

If "YES," check which you have done and indicate date:

- obtained a California driver's license. Date \_\_\_\_\_
- obtained California vehicle registration paying full fees. Date \_\_\_\_\_
- voted in California. Date \_\_\_\_\_
- filed resident California state income taxes. Years \_\_\_\_\_

If "NO," list any actions you have taken that might demonstrate your intent to be a California resident (such as obtaining California identification card, divorce in California, checking account, savings account, loan in California). Also, list date action was taken.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information on this questionnaire is true and correct to the best of my knowledge. Falsification of any information may result in my dismissal from classes.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MiraCosta College is committed to providing equal educational and employment opportunities to all persons regardless of, but not limited to, race, color, religion, national origin, gender, marital or parental status, disability, age, sexual orientation or status as a Vietnam-era veteran.

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Comments: _____	Exception	R <input type="checkbox"/>	Initials _____
_____	Derived	R <input type="checkbox"/>	NR <input type="checkbox"/>
_____	Self	R <input type="checkbox"/>	NR <input type="checkbox"/>