Non-Resident Tuition Fee Waiver (Six or Fewer Units)

To be considered for a Non-Resident Tuition Fee Waiver, you must complete this form, meet the outlined criteria, and e-mail the completed form to **evcar@evc.edu**

P**lease note:**

- Students that meet the Non-Resident Tuition Fee Waiver criteria, will not be charged non-resident tuition.
- This form must be completed for each semester that the waiver is requested.
- Students with valid visas and/or active I-20s are not eligible for this waiver.
- Units taken at San José City College are included in the 6-unit total.
- Students are responsible for paying all Enrollment Fees (IE: VTA, Student Rep, Parking, etc.).

Student ID#:

Last name: **First name:**   **Middle**:

Address:

Phone number: **Email:**

Term (Please select the semester of enrollment):   **Fall**   **Spring**   S**ummer**   **Year**:

Check all statements that apply:

I understand that to receive this waiver I <u>must</u> physically reside in California and have a California address.

I do <u>not</u> have a valid visa and/or an active I-20.

I am <u>not</u> a high school student.

I am <u>not</u> eligible for the AB540 Non-Resident Tuition Exemption Request, but I am working towards eligibility for AB540 status. Once I meet eligibility, I will submit a Change of Residency Form and AB540 Affidavit.

I have <u>registered for 6 units or fewer</u> at Evergreen Valley College and/or San Jose City College and understand that <u>I'll be charged non-resident tuition for all classes, if I exceed 6 units</u>

I have filed an application to legalize my immigration status or will file an application as soon as I am eligible

DECLARATION OF TRUE AND ACCURATE INFORMATION: I, the undersigned, declare under penalty of perjury that the information I have provided on this form is true and accurate. I further understand that if any of the above information is found to be false, I will be liable for payment of all non-resident tuition charges from which I was exempted and may be subject to disciplinary action by SJECCD.

Signature: Date:

OFFICE USE ONLY:

Approved   Denied   Date: Staff: