

# CALIFORNIA NONRESIDENT TUITION EXEMPTION REQUEST

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

### INSTRUCTIONS

Complete and sign this form to request exemption from nonresident tuition charged to nonresident students. Once determined to be eligible, you will continue to receive the exemption as long as you fulfill eligibility requirements or until the College or University no longer offers this exemption. Applying for this exemption does not alter your responsibility to pay, by the campus deadline, any nonresident tuition and associated fees that may be due before your eligibility is determined.

### APPLICATION

Name \_\_\_\_\_ College Student ID: \_\_\_\_\_

I, the undersigned, am applying for the California Nonresident Tuition Exemption at the following college, \_\_\_\_\_ and declare that the following apply to me.  
(enter college name)

#### 1.) Check one box only:

- I have a current nonimmigrant visa (not including a T and U visa) as defined by federal law.  
*Nonimmigrants have been admitted to the U.S. on a temporary visa and include, but are not limited to, foreign students (holding F visas) and exchange visitors (holding J visas).*
- I have a current nonimmigrant T or U visa as defined by federal law.
- I do NOT have a current, nonimmigrant visa as defined by federal law.  
*This includes, among others, U.S. citizens, permanent residents, DACA recipients, and individuals without current or valid immigration status.*

#### 2.) Select all items that apply to you from each column (must satisfy at least one from each column to be eligible):

| Column A   | Column B   |
|--|--|
| <input type="checkbox"/> I have 3 years of attendance at a California high school.   | <input type="checkbox"/> I have graduated or will graduate (before the first term of enrollment at the CCC) with a California high school diploma or the equivalent (i.e., California-issued GED, CHSPE).          |
| <input type="checkbox"/> I have 3 or more years of high school coursework and 3 years of attendance in California elementary schools, California secondary schools, or a combination of California elementary and secondary schools. | <input type="checkbox"/> I completed or will complete (before the first term of enrollment at the CCC) an associate's degree from a California Community College.  |
| <input type="checkbox"/> I attended or attained credits at a combination of California high school, California adult school, and/or California Community College for the equivalent of (3) years or more.*                           | <input type="checkbox"/> I completed or will complete (before the first term of enrollment at the CCC) the minimum requirements at a California Community College for transfer to the California State University. |

\* 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 CA School | Type of School<br>(high school, adult school or community college) | City | From<br>(Month/Year) | To<br>(Month/Year) | Number of 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 official.

**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 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.

|                  |                          |                      |
|------------------|--------------------------|----------------------|
| <b>FULL NAME</b> | <b>COLLEGE ID NUMBER</b> | <b>EMAIL ADDRESS</b> |
|------------------|--------------------------|----------------------|

|                  |             |
|------------------|-------------|
| <b>SIGNATURE</b> | <b>DATE</b> |
|------------------|-------------|



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT  
**SMCCCD**

## AB540 Supplemental Application

### Check Appropriate College

Admissions  
Cañada College  
4200 Farm Hill Boulevard  
Redwood City, CA 94061  
Phone: (650) 306-3226  
Click [Here](#) to Submit

Admissions  
College of San Mateo  
1700 West Hillsdale Blvd.  
San Mateo, CA 94402  
Phone: (650) 574-6165  
Click [Here](#) to Submit

Admissions  
Skyline College  
3300 College Drive  
San Bruno, CA 94066  
Phone: (650) 738-4251  
Click [Here](#) to Submit

In order to process your AB540 California Nonresident Tuition Exemption Request, we need additional information.

Student ID: G \_\_\_\_\_

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

Permanent Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Check the Semester you are applying:  Summer  Fall  Spring Year: \_\_\_\_\_

I have graduated from High School Date of Graduation: \_\_\_\_\_

I will graduate from High School Date of Graduation: \_\_\_\_\_

I have completed Adult Education (minimum 1260 Hours) **and** graduated from high school **or** completed a GED®, HiSET®, TSAC or CHSPE

I have completed a GED®, HiSET®, TASC **or** CHSPE

**Please be aware...to be eligible for AB540, you must physically reside in the State of California while enrolled in classes.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**  Approved  Denied

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_