Policy, Application, and Affidavit for Florida In-State Tuition

It is the policy of the Health Professions Division of Nova Southeastern University to encourage Florida residents to attend the Division’s various programs, in the hope that Florida residents graduating from Nova Southeastern University will practice in their respective professions in Florida and thus benefit the residents of the State of Florida. Accordingly, Nova Southeastern University has established a reduced tuition rate to be charged to those students who, pursuant to the terms and conditions contained herein, can demonstrate with credible evidence that they are legal residents of the State of Florida for tuition purposes.

In order for a student to be considered for in-state tuition, the student must be qualified as a resident for tuition purposes according to Florida State Statute 1009.21. Being a legal resident, a person who has maintained residence in the state of Florida, has purchased a home, or has established a domicile in the state, by itself does not establish residency for tuition purposes. The primary intent of having established residency in Florida must not have been for the purpose of obtaining an education in Florida. Residency for tuition purposes is exclusively determined by the Health Professions Division (HPD) at Nova Southeastern University (NSU) based on submission of a completed Application and Affidavit for Florida In-State Tuition along with supporting documentation in accordance with Florida Statutes.

Eligibility Requirements

In order to be considered for in-state tuition, the U.S. citizen or eligible non citizen must demonstrate one of the following:

1. An independent student who is self supporting for twelve (12) consecutive months prior to matriculation and has the intent, for purposes other than education, that Florida be his/her legal state of residence.

2. The student is a dependent child of a legal Florida resident who has maintained that legal resident in Florida for a minimum of twelve (12) consecutive months immediately prior to the student’s matriculation. A dependent child is a person who has been claimed by his or her parent or guardian as a dependent under the “Federal Income Tax Code.”

3. A student is married to a Florida Resident, the latter having been a resident of Florida for a minimum of twelve (12) months immediately prior to the student’s matriculation. Evidence of the spouse's legal residence in Florida for at least twelve (12) consecutive months prior to matriculation is mandatory.

4. A student has purchased and resided in a home, in the State of Florida, for reasons other than attending school for at least twelve (12) consecutive months prior to the student’s matriculation as a student into the Health Profession's Division.

Required Documentation

The burden of providing clear and convincing documentation that justifies the university's classification of a student as a resident rests with the applicant. For documentation to be “clear and convincing” it must be credible, trustworthy, and sufficient to persuade the university that the applicant has established legal residency in Florida that is not solely for the purpose of pursuing an education and has relinquished legal residency in any other state. All documentation must be submitted within forty-five (45) days of matriculation in order to determine residency. Students who fail to submit the Application and Affidavit for Florida In-State Tuition with sufficient documentation to prove the student’s residency within 45 days of matriculation will be considered an out-of state student for their entire enrollment at NSU.
Each student's completed Application and Affidavit for Florida for Florida In-State Tuition shall be accompanied by as much of the following documentation as necessary to establish residency for tuition purposes:

- Completed Application and Affidavit for Florida In-State Tuition
- Signed and notarized sworn “Residency Statement” (mandatory)
- The student's federal income tax returns for the past three years
- Leases and/or rent receipts for the student's residence for the previous three years
- Copy of Florida driver's license (front and back). Must have been obtained at least twelve months prior to matriculation.
- Voter registration card obtained at least twelve months prior to matriculation.
- Copy of parent's federal income tax returns for the past two years if eligibility is based on dependency.
- Bank records
- High school diploma and/ or college diploma(s)
- Immigration Card (if applicable)
- Copy of all transcripts from Florida colleges or universities indicating admittance as a Florida resident for tuition purposes. You must also provide evidence that there was no breach of your residency status from the time you left the Florida school system and your enrollment at NSU.
- Florida Vehicle Registration

Although the decision of eligibility for in-state tuition will be made exclusively by NSU, the state of Florida may occasionally require additional information or documentation to verify a student's status. Continuation of the student's in-state tuition at HPD-NSU is dependent upon the student's cooperation in supplying the requested documents in a timely manner.

### Instructions and General Information

1. A completed Application and Affidavit for Florida In-State Tuition along with supporting documentation must be received within 45 days from the date of matriculation. Send all materials to:

   Nova Southeastern University Health Professions Division  
   HPD Admissions and Financial Aid Services  
   Attn.: Admissions Residency Specialist  
   3200 S. University Drive  
   Fort Lauderdale, FL 33328-2018

   Students may contact the Admissions Residency Specialist for questions via phone at (954) 262-1126 or via email at HPDfloridaresidency@nova.edu.

2. Upon receipt of the completed Application and Affidavit for Florida In-State Tuition, all documentation will be reviewed and the student will be advised of the decision. If additional information is needed to make a determination, the student will be contacted in writing. The student is expected to supply any missing information within two weeks, or to show good cause why additional time is needed.

3. If a decision is not made prior to matriculation, the student will be enrolled as an out-of-state student for tuition purposes until such time as a decision is made, unless mutually satisfactory arrangements are made to the contrary.

4. Any student granted status as a Florida resident for tuition purposes based on false, incorrect, misleading information or failure on the student's part to include pertinent information, whether written or oral, shall owe to the university any reduction in tuition granted such student, plus interest, and attorney's fees incurred by the university in the collection of such sums.

5. In the event of an adverse decision, the student may request that the Vice President of Enrollment and Student Services review the student's completed Residency Affidavit for Florida In-State Tuition and the decision. The student shall have seven school days, after receipt of the decision in writing, to request this review. Failure to make a timely request will waive any further right of the student for a review. The Vice President of Enrollment and Student Services may either affirm or reverse the decision. The student will be notified in writing of the final decision.

6. Residency decisions made at the time of matriculation will remain the same during the entire time a student is enrolled in the Health Professions Division of Nova Southeastern University regardless of any change in conditions.
Residency Application for Florida In-State Tuition

Please select ONE of the following options:

☐ I am requesting in-state tuition based on my residency.

☐ I am requesting in-state tuition based on my parent's or legal guardian's residency.  
   Please note: A “dependent child” is a person who has been claimed by his or her parent or guardian as a dependent 
   under the “Federal Income Tax Code.”

☐ I am requesting in-state tuition based on my spouse.

Section I: General Student Information

Student's Name: ________________________________________________________________________________________

Last                                           First                                           Middle

NSU ID: ____________________________   Social Security Number: ____________________________

Telephone Number: ( _______ ) ________________________________   Date of Birth: ______________________________

Permanent Address: _____________________________________________________________________________________  

Street, City, State, ZIP

How Long at this Address: ________________________________________________________________________________

Beginning date of Florida residency: ________________________________________________________________________  

   mm/yy

Section II: General Parent or Legal Guardian Information (if applicable)

Complete this section only if you are requesting in-state tuition based on your parent’s or legal guardian’s residency.

Name of Parent/Guardian: ________________________________________________________________________________

Last                                           First                                           Middle

Relationship to Student: ________________________________________________________________________________

Address of Parent/Guardian: ______________________________________________________________________________

Street, City, State, ZIP

Telephone Number: ( _______ ) ________________________________

Permanent Address (if different from above): __________________________________________________________________

Street, City, State, ZIP

How long has parent or legal guardian been at that residence? __________________________________________________________________

Beginning date of Florida residency: ________________________________________________________________________  

   mm/yy
Section III: Spouse Information (if applicable)

Complete this section only if you are requesting in-state tuition based on your spouse’s residency.

If you are claiming on the basis of a spouse’s residency you must produce copies of the marriage License, the spouse’s Income Tax Returns for the prior three (3) years. In addition to documentation requested for your spouse.

Spouse’s Name: ____________________________________ Telephone Number: ( _______ ) _____________________

Name of Spouse’s Employer or Business: _________________________________________________________________

Address of Spouse’s Employer or Business: ___________________________________________________________________

Street, City, State, Zip

Position: __________________________ Full Time or Part Time ______________________________________

Dates of Employment From: __________________________ to __________________________

Beginning Date of Florida Residency __________________________

mm/yy

Section IV: Historical Data

Residency

Please list all addresses residence at over the past three years. Use the back of this form if additional space is needed and provide supporting documentation.

1. ______________________________________________________________________ From: _________ To:  ________

Street, City, State, Zip mm/yy mm/yy

2. ______________________________________________________________________ From: _________ To:  ________

Street, City, State, Zip mm/yy mm/yy

3. ______________________________________________________________________ From: _________ To:  ________

Street, City, State, Zip mm/yy mm/yy

Education

High School Graduation Year: _____________ Name of School: ________________________________________________

Location of High School __________________________________________________________________________________ City, State

List All Colleges and Universities Attended or Currently Attending:

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<th>Name of College</th>
<th>City, State</th>
<th>Dates Attended</th>
<th>Resident of What State</th>
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Employment

Please list employment for the past two years (if applicable). Provide documentation such as copies of W2 forms, pay stubs, income tax returns, letters verifying employment, etc.

Name of Employer: _______________________________ Name of Supervisor: _______________________________
Position Held: ________________________________ Part-time (PT)/Full- time(FT): _________________________
Dates of Employment: ___________________ - ___________________ Phone Number of Supervisor: ________________
  From To
Name of Employer: _______________________________ Name of Supervisor: _______________________________
Position Held: ________________________________ Part-time (PT)/Full- time(FT): _________________________
Dates of Employment: ___________________ - ___________________ Phone Number of Supervisor: ________________
  From To
Name of Employer: _______________________________ Name of Supervisor: _______________________________
Position Held: ________________________________ Part-time (PT)/Full- time(FT): _________________________
Dates of Employment: ___________________ - ___________________ Phone Number of Supervisor: ________________
  From To
Residency Affidavit

Affidavit (Notarization required)

I, _________________________________ state that:

Print name of student

I, _______________________________ have (if independent), or my parent/guardian, ______________________________ ,

Print name of student                          Print name of parent/guardian

has (if dependent) been a legal resident of the state of Florida for twelve consecutive months prior to the date of my matriculation to Nova Southeastern University and has maintained a Bona Fide Domicile rather than a mere residence of abode incident to my enrollment in an institution of higher education; and that as such, I am entitled to a classification as a Florida resident for tuition purposes under the terms and conditions required for Florida resident status for tuition purpose in Florida State Statute 1009.21.

Nova Southeastern University Health Professions Division requires that the following statement be notarized:

All information I have provided as part of this Residency Affidavit for Florida In-State Tuition is true and complete to the best of my knowledge.

____________________________________________________________________________________________________

Student Signature, Date

FOR AN ACKNOWLEDGEMENT IN AN INDIVIDUAL CAPACITY:

STATE OF FLORIDA

COUNTY OF _______________________

The foregoing instrument was acknowledged before me this __________ day of __________, ___________________, by (name of person acknowledging).

____________________________________________________________________________________________________

(Signature of Notary Public-State of Florida)

(NOTARY SEAL)

(Name of Notary Typed, Printed or Stamped)

Personally Known __________ OR Produced Identification __________

Type of Identification Produced __________________________________________________________________________