

Cal Poly Supplemental Residency Reclassification Form

Additional information is necessary to complete your request for residency reclassification. Please provide the following information completely and accurately, and attach it to your request. Failure to provide this information in a timely manner, or submitting an incomplete questionnaire, could result in a denial of residency reclassification.

List ALL addresses where you lived or stayed over the last twelve (12) months of two or more weeks, to include ALL absences from the state. Provide inclusive dates, complete addresses and reason for stay.

Dates at Address #1: _____

Address: _____

Phone Number: _____

Reason: _____

Dates at Address #2: _____

Address: _____

Phone Number: _____

Reason: _____

Dates at Address #3: _____

Address: _____

Phone Number: _____

Reason: _____

Dates at Address #4: _____

Address: _____

Phone Number: _____

Reason: _____

Request for Reclassification Approved/Denied

Date: _____

Admissions Advisor: _____