



RELIGIOUS PERSECUTION OUT-OF-STATE RESIDENCY WAIVER APPLICATION

This waiver is for any student in pursuant to Florida Department of Education (FLDOE) Emergency Order 2024-EO-01 related to Antisemitic/Religious Discrimination.

This waiver is a request for any out-of-state tuition to be waived.

Applicants for this waiver must meet the following eligibility criteria:

- Be able to demonstrate that I have suffered, am currently suffering, or credibly fear suffering future discrimination, harassment, intimidation, or violence, either at my current institution or with a substantial nexus to my current institution, on the bases of religion.

Documentation (ONE proof required):

- Statement from the Student
- Statement(s) from Witnesses
- Recordings or Photographs
- Official Records of Complaints filed with Law Enforcement
- Official Records of Complaints filed with Student's College/University
- Other Relevant Info/Material

By signing this form, I (the student whose name and information appears on this application) understand and agree to maintaining the eligibility criteria of this waiver and understand that this waiver does NOT constitute classification as a Florida resident for tuition purposes and does NOT necessarily qualify me for such classification in the future. I understand that I must apply for this waiver every term at the Enrollment Services office.

Student's Name Student ID #

Student's Signature Date Signed

For Enrollment Services Use ONLY:
____SGASTDN/SFAREGS: Code as "P" for Residency. Create a duplicate record for following term and change residency code to "X".
____SOAHOLD: Create application hold for following term.

Effective for Term: _____ Date Completed: _____ Staff Initials: _____