Enrollment Services
Palomar College

RESIDENCY DETERMINATION APPEAL

Last Name First M.I. | Student ID Number | Birth Date

Street Address City Zip | Business Phone | Home Phone

I hereby request a review of my residency classification for the following reasons:

(use reverse side if more space is required)

Student's Signature | Today's Date

Reviewer/Committee Remarks:

Decision:

By: Date

Student Notified ☐ Date