

Office of Financial Aid

Name (Last, First, MI): _____

SUA Student ID#: _____

SUA's Office of Financial Aid requires all California Dream Act applicants to complete this **AB540 Exemption Request Form**. You will not need to complete this form each year once your eligibility has been determined.

1) Please select one of the following options

- ☐ I **have** a current non-immigrant visa (Student F1 visa or other visas as defined by federal law)
- ☐ I **do not** have a current non-immigrant visa as defined by federal law.
{This includes U.S. Citizens, Permanent Residents, DACA Recipients, and individuals that do not have a current valid immigration status in the United States (i.e., do not have a non-immigrant visa)}

2) Please select all that apply from Section 1 and Section 2

Section 1

- ☐ I attended a California high school for three years or more
- ☐ I attended a combination of a California elementary, secondary, and high school for a total of three years or more
- ☐ I attended a combination of a California high school, adult school, or community college for three years or more

Section 2

- ☐ I have graduated, or will graduate, with a California high school diploma, California-issued GED, or CHSPE
- ☐ I have completed, or will complete, an Associate's degree from a California Community College

3) Educational History

Please list all schools you attended that satisfy the three-year California school attendance requirement, as outlined by your above selections.

School	City	State	Dates	
			From (Month/Year)	To (Month/Year)
		California		
		California		
		California		
		California		
		California		



Office of Financial Aid

Name (Last, First, MI): _____

SUA Student ID#: _____

4) Affidavit

I hereby declare that, if I am without lawful 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. By signing this form, I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form is true and accurate.

5) Signature

By signing this form, I certify that all the information reported on this application is complete and accurate to the best of my knowledge. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and that I may be subject to a fine.

Student Name (print)

Student Signature

Date

(This form requires handwritten signatures. Photocopies of handwritten signatures are permitted. Electronic, or typed, signatures will not be accepted.)

Please mail or deliver this form in-person to the address provided below. Please write your ID# on attached or supporting documents.