



DEFERRED ACTION FOR CHILDHOOD ARRIVAL

Acknowledgement of DACA Procedures & Adjustment Form

As an open door admissions institution, the Community College of Baltimore County (CCBC) grants admission to all students regardless of immigration status. In conjunction with the June 15, 2012 announcement by the Department of Homeland Security and the February 25, 2013 policy statement issued by the Maryland Attorney General’s Office, the President’s Council of CCBC has made the following provisions for some qualified non-U.S. citizens to pay in-state tuition rates.

In order to qualify for these in-state rates, a student must meet the identity and residency requirements stipulated by the United States Citizenship and Immigration Services (USCIS) for Deferred Action for Childhood arrivals (DACA). Visit www.uscis.gov/humanitarian/consideration-deferred-action-childhood-arrivals-daca for more information.

Student Section	Student ID # _____
<i>Please Print:</i>	
I, _____, am applying for a	
First	MI
Last	
Non-Citizen Tuition Exception under DACA for eligible non-U.S. citizens enrolling in CCBC. By completing and signing this acknowledgment, I declare and understand that:	
<ul style="list-style-type: none"> • I must provide the International Student Services office an original I-797 Notice of Action, as evidence of my approval for Deferred Action for Childhood Arrivals, before the first day of the session or semester. • I must inform the International Student Services office of my renewal status for DACA bi-annually. • DACA is temporary and valid for only two years. 	
<i>I further certify that the address listed below is my permanent domicile</i>	

Street Address	City

State	Zip Code
Email Address	

Student Signature _____	Date _____
Office Use Only	
Please change the residency rate code for the student listed above	
Receipt of I-797 Form: <input type="checkbox"/> New <input type="checkbox"/> Renewal Eligibility dates: Starts _____ Expires _____	
_____ Change to In-County Rate	_____ Change to Out-of-County Rate
_____ Change to International Rate	_____ Change of Student Information Form attached
Benefit applies to Semester/Year _____ through _____	
ISS Staff Signature / Approval _____	Date _____
ESC Staff Signature / Coding _____	Date _____
Note: ISS will send expiration notice on _____ (120 Days) before expiration of DACA status	