

RESIDENT TUITION CLASSIFICATION REQUEST FORM

NOTE: This form will not be accepted unless it is signed (see next page) and proper documentation is attached.

Name: _____

SCSU ID: _____
 (use SSN if you do not yet have an ID #)

E-Mail Address: _____

Telephone: _____

Residence(s) during the past 12 months:

Street Address	City	State	From (month & year)	To (month & year)
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<u>Check One Box</u>	Condition	Documentation Required <u>Circle one and attach documentation</u>
<input type="checkbox"/>	Persons who have resided in Minnesota for at least 12 months prior to applying to the university AND during that time have NOT been enrolled as a full time student at any college or university	<ul style="list-style-type: none"> Copies of an apartment/rental lease agreement Home purchase agreement Minnesota State Income Tax Form for the year in question A letter from a Minnesota resident verifying that you resided with them during the past 12 months AND residency verification of that person
<input type="checkbox"/>	Minnesota High School Graduates: IF the student was a resident of Minnesota at the time of attendance AND the student plans to physically attend a Minnesota State College or University. (Online-only enrollment does NOT qualify).	<ul style="list-style-type: none"> Proof of graduation from a Minnesota high school via a copy of the high school transcript indicating a Minnesota address for the student while enrolled A copy of the Minnesota high school diploma AND proof of Minnesota residency during that time.
<input type="checkbox"/>	Military: U.S. Military personnel serving on active duty assignment in Minnesota, veterans and their spouses and dependent children.	<ul style="list-style-type: none"> Verification of active duty or veteran status. For spouses and dependents: additional verification of your relationship to the veteran via a copy of marriage certificate or tax forms listing dependents is also required.
<input type="checkbox"/>	Employment-Related Relocation: Persons who were employed and were relocated to the state by the person's current employer. Persons who moved to the state for employment purposes and, before moving and before applying for admission to a public postsecondary institution, accepted a full-time job in the state, or students who are spouses or dependents of such persons.	<ul style="list-style-type: none"> A letter from the employer verifying full-time employment. For spouses or dependents: additional verification of your relationship to the employed person is also required.
<input type="checkbox"/>	Minnesota residents who can demonstrate that they were temporarily absent from the state without establishing residency elsewhere: For example, a Minnesota student who left the state to attend a college or university, and paid non-resident tuition and fee rates (or participated in a reciprocity agreement Minnesota has with that state) and is now returning to Minnesota.	<ul style="list-style-type: none"> Proof of nonresident or reciprocity payment to an out-of-state school. Other documentation related to brief absence from the state.

	Refugees and Asylees: Students who are recognized as refugees or asylees by the Office of Refugee Resettlement or the United States Department of Health and Human Services.	<ul style="list-style-type: none"> • Proof of Refugee or Asylee status via card issued by one of these entities.
	Migrant Farm Workers: Students who have been in Minnesota as migrant farm workers over a period of at least two years immediately before admission to a Minnesota public post-secondary institution or students who are dependents of such migrant farm workers.	<ul style="list-style-type: none"> • Verification of Migrant Farm Worker status
	Other discretionary categories: Graduate Assistants, International Students, and High Ability Students may qualify.	<ul style="list-style-type: none"> • Do not use this form. • Contact Graduate Studies, Center for International Studies, or the Admissions Office to apply.

Appeal of Initial Residency Classification: St. Cloud State University has the initial determination of a student's resident status determined by the Office of Records and Registration. An appeal of this determination may be made to the Office of Academic Affairs in AS 209. The Academic Affairs Official's decision shall be final. A student whose appeal is successful shall be charged the resident tuition rate retroactive to the beginning of the first term of enrollment where applicable.

CERTIFICATION AREA

All information provided in support of this appeal is correct and to the best of my knowledge. I understand that I will be liable for unpaid tuition resulting from resident classification by means of false statements, false documentation, or concealment of facts.

Signature _____ Date ____ / ____ / ____

Return this form **with documentation** to: Records and Registration
 118 Administrative Services Building
 720 4th Avenue South
 St. Cloud, MN 56301-4498
 Fax: (320)308-2059
 Email: registrar@stcloudstate.edu

OFFICE USE ONLY:

_____ Residency request approved.

_____ Residency request not approved.

Records Office Signature _____ Date ____ / ____ / ____