



# RESIDENCY RECLASSIFICATION APPEAL

University of Massachusetts Amherst

<b>DO NOT WRITE IN THIS SPACE</b>	
Resident	
Non-resident	
By _____	Date _____

**Do not complete this form unless you are an enrolled student.**

**Important - Please Read Carefully.** Your residence status for tuition purposes will be determined primarily on the basis of information given in this form. Please answer all questions, although some will have no bearing on your own residence status. **CONCEALMENT OF FACTS OR UNTRUTHFUL STATEMENTS MAY CAUSE YOU TO BE SUBJECT TO DISMISSAL FROM THE UNIVERSITY.** The Registrar's Office must be notified immediately of any change in residence status that may occur after you have submitted this form. Secure the notarization indicated at the end of this form, and return it to the Registrar as directed. This form **will not be accepted** unless all the questions are answered. In cases where the question is not applicable, write "NA" in the space provided.

*(Please type or print)*

Date \_\_\_\_\_ Semester for which you are appealing  
 \_\_\_\_\_ 20\_\_\_\_\_  
 (Fall/Spring)

Student ID Number \_\_\_\_\_ Student Status (please circle): Undergraduate Graduate

\_\_\_\_\_  
 Last Name First Name Middle Name Age Date of Birth

Entrance Date \_\_\_\_\_ Major \_\_\_\_\_  
 Expected Graduation Date: \_\_\_\_\_  
 mo/yr

Have you had any break in consecutive attendance? \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
 Permanent home address (number, street, city, state, zip code)

Since: mo/day/yr: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
 Present mailing address - if different from above

Since: mo/day/yr: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Are you a citizen of the United States? (Circle) yes no

If no, have you been admitted to the United States for permanent residence?  
 (Circle) yes no

If yes, give date admitted \_\_\_\_\_ and Alien Registration Number  
 \_\_\_\_\_.

List addresses over past two years and dates. Provide copies of leases, rent, receipts, etc.

From: To:  
mo/yr mo/yr

1.		
2.		
3.		
4.		
5.		

List names and addresses of employers for past two years.

From: To:

Employer	Address	State	Zip	From: mo/yr	To: mo/yr
1.					
2.					
3.					
4.					
5.					

Do you hold a valid driver's license? (Circle) yes no

If yes, provide a copy.

If yes,

\_\_\_\_\_

State

License number

Expiration date

Are you registered to vote? (Circle) yes no

If yes, provide proof of registration.

If you have been in the Armed Forces of the United States, give state of entry and dates of service.

State of Entry \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

If you are under 18, do you claim emancipation from your parents? (circle) yes no





