



A one-year residency requirement is enforced in order for a student to be classified as an in-state student for tuition purposes. The responsibility of registration under the proper residence classification is placed upon the student. Any student who is found to be classified improperly shall be required to pay full tuition, or be subject to dismissal from the college. In doubtful cases a certified statement of the facts or documentation of the facts may be required.

(Please print or type: additional information may be submitted)

1. Name: Last, First, Middle _____ 2. I.D. # _____ D.O.B. _____

3. Legal Address _____ 4. Mailing address (if different) _____

5. Have you lived in Arizona one year or more continuously? Yes ___ No ___ Are you registered to vote in Arizona? Yes ___ No ___ County _____ If yes, month/year stay in Arizona began _____ Date registered _____

6. Are you currently employed in Arizona? Yes ___ No ___

7. Do you receive more than 50% of your financial support from someone living outside of Arizona? Yes ___ No ___

8. Did your employer require that you, your spouse or parent be transferred to Arizona? Yes ___ No ___ If yes, provide name of employer _____

9. Will you file taxes in Arizona this year? Yes ___ No ___ Did you file taxes in Arizona last year? Yes ___ No ___

10. Have you attended another college or university within the past year outside of Arizona? Yes ___ No ___ If yes, did you pay resident tuition? _____

11. Current driver's license No. _____ State issued _____ Date issued _____ Renewal: Yes ___ No ___ Original date issued _____

12. Vehicle license number _____ State registered _____ Date issued _____ Vehicle owned by you? Yes ___ No ___

13. Are you in the military service? Yes ___ No ___ If yes, where are you stationed? _____ Are you a military dependent? Yes ___ No ___ If yes, where is your parent, guardian or spouse stationed? _____

14. Are you a resident member of an Indian tribe whose reservation land lies in this state and extends into another state? Yes ___ No ___ If yes, which reservation _____

List any other information that may support your residency, such as employment history (Refer to the college catalog for additional information regarding documentation).

I certify that the above information is true.

Applicant's Signature _____ Date: _____

Approved ___ Denied ___ Date _____ College signature _____