Students currently classified as out-of-state for tuition purposes who wish to appeal their residency classification to determine eligibility for in-state tuition must read this document in its entirety, submit the applicable documentation, and complete and sign this form.

Please submit the following:

1. **Proof of residency in a Massachusetts domicile**—Submit a copy of a lease, purchase/sales agreement, or deed. A statement from a landlord or property owner clearly specifying dates of occupancy is also acceptable. The evidence submitted must cover at least a continuous one-year period prior to the beginning of the semester for which reclassification is sought including any period when not an enrolled student. Living with a relative who is not a parent, spouse, or legal guardian, or ownership in a summer or temporary residence do not qualify. Parents of dependent students must also meet residency requirements. Maintenance of a separate residence does not automatically qualify a student under the age of 23 as independent for tuition and financial aid purposes.

2. **Copies of parents’ and student’s Federal and Commonwealth of Massachusetts Income Tax Forms**—Submit copies of the parents’ and student’s federal and state tax returns for the period covered for the basis of this appeal (i.e., in most cases the recent tax return filed last April). This evidence is crucial since it not only provides evidence of residency but also documents employment and financial support. If such tax forms were not filed provide a full written explanation along with evidence of any employment and complete disclosure of all financial support and sources. For tax-exempt status provide documentation of all expenses and income as proof of financial support on limited funds. If you are claimed as a dependent on your parents’ tax return, your legal domicile for this purpose will be that of your parents, regardless of your age.

3. **Written statement of residency**—Provide a written statement citing the reason for moving to Massachusetts providing clear and compelling reasons for presence in the state. Being present in the Commonwealth solely for the purposes of carrying on a course of study does not qualify a student for in-state residency.

4. **Resident alien documentation** (if applicable)—Submit a copy of a permanent resident alien card (both sides) or paperwork documenting an application for permanent residency has been filed.

5. **Evidence of marriage to a Massachusetts resident or military orders** (if applicable)—For appeal based on marriage, both the student and the spouse must sign the affidavit and the spouse must prove evidence of Massachusetts residency for at least one year prior to the beginning of the semester for which classification is sought. For appeal based on military status a copy of military orders showing entry to service from Massachusetts or orders to be stationed in Massachusetts must be submitted. The 12-month residency period is waived for those students who have married a Massachusetts resident or who are present in the Commonwealth under military orders.

6. **Other**—Less weighty evidence may also be submitted such as vehicle registration, excise tax bills, utility bills, voter registration, an operator’s license, or other licenses issued by the Commonwealth. The University reserves the right to require additional information as it deems appropriate.

Completed appeal forms may be delivered or mailed to:

Registrar
Fitchburg State University
160 Pearl Street
Fitchburg, MA 01420

Be sure to include the following information with the Residency Appeal Form:

1. **Proof of residency in a Massachusetts domicile**
2. **Signed Copy of Parent’s Federal and State Tax Forms for the applicable tax year**
3. **Signed Copy of Student’s Federal and State Tax Forms for the applicable tax year**
4. **Written statement of residency**
5. **Resident alien documentation (if applicable)**
6. **Military orders (if applicable)**
7. **Evidence of marriage to a Massachusetts resident (if applicable)**

Completed appeal forms and all supporting documents must be filed before the beginning of the term under appeal. There is no retroactive review of residency.
RESIDENCY RECLASSIFICATION

Last Name: ___________________________________________ First Name: ___________________________ MI: ________

Street Address: __________________________________ City: ___________________________ State: _______ Zip Code: ________

Home Phone: __________________________________ Cell phone: ___________________________

Student I.D. Number: ___________________________ Date of Birth: ___________________________

Are you a U.S. Citizen?  ☐ Yes  ☐ No  If you are not a U.S. Citizen, please state your immigration status in detail: _______________

Please check the instate tuition eligibility category that applies to you:
☐ I have been a Massachusetts resident for twelve (12) consecutive months prior to the beginning of the semester not solely for educational purposes. Note: If you are claimed as a dependent on your parents' tax return, your legal domicile for this purpose will be that of your parents, regardless of your age.
☐ I am a member of the armed forces (or spouse or unemancipated child) on active duty in Massachusetts.
☐ I am married to a Massachusetts resident.

Please check the documents you are submitting in support of your appeal:
☐ Signed copy of lease, purchase and sales agreement, or deed
☐ Signed copy of student's and parents' Federal and Commonwealth of Massachusetts Income Tax Forms
☐ Written statement of residency
☐ Resident alien documentation
☐ Military orders
☐ Certificate of marriage to a Massachusetts resident
☐ Massachusetts high school diploma
☐ Massachusetts driver's license
☐ Other ____________________________________________________________________________

The university reserves the right to make additional inquiries regarding the applicant’s status and to require submission of any additional documentation deemed necessary.

Certification of Information
I certify that this information is true and accurate. I understand that any misrepresentation, omission, or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

Applicant Signature: ___________________________ Date: ___________________________

Parent/Guardian Signature (Applicant is Under 18 Years Old): ___________________________ Date: ___________________________

FOR OFFICIAL USE ONLY—DO NOT WRITE IN THIS BOX
I have reviewed the above information in order to determine this individual’s appeal for eligibility to receive the in-state tuition rate. Based on my review I have determined that this individual:
☐ IS eligible for the in-state tuition rate.
☐ IS NOT eligible for the in-state tuition rate.
☐ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

Authorized University Personnel: ___________________________ Date: ___________________________