



A one-year residency requirement is enforced 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 certification of the facts or documentation of the facts may be required. (Please print or type: additional information may be required)

Last Name (Please Print)	First	Middle	Soc. Sec. Number _____ - _____ - _____
			Student Number _____ - _____ - _____
			Date of Birth: mo ____ day ____ yr ____

Legal Address	Mailing Address (if different)
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Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

When did your current residency begin in Arizona? mo ____ day ____ yr ____	Are you registered to vote in Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No County _____ Date registered: mo ____ day ____ yr ____
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What are your present sources of income?  Self-supporting (self/spouse)  Parent/Guardian  
If parent/guardian, what is their address?

Employer	City, State of Employment	Dates of Employment

Did your employer require that you, your spouse or parent/guardian be transferred to AZ?  Yes  No  
If yes, provide the name of that employer:

Tax Year	State Filed	Address Given	Residence Listed

If you have been attending another college or university, please list the institution and dates attended.  
Institution \_\_\_\_\_ Dates mo \_\_\_\_ day \_\_\_\_ yr \_\_\_\_

Did you pay Resident or Non-Resident tuition at the above institution?  Resident  Non-Resident

Current Drivers License Number _____ Renewal <input type="checkbox"/> Yes <input type="checkbox"/> No State Issued _____ Date Issued mo ____ day ____ yr ____ Original Date of Issue mo ____ day ____ yr ____	Vehicle License Number _____ Renewal <input type="checkbox"/> Yes <input type="checkbox"/> No State Issued _____ Date Issued mo ____ day ____ yr ____ Vehicle owned by you? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you in the military service?  Yes  No Are you a military dependent?  Yes  No  
If yes, where are you stationed?

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?

Other information that may support your residency (Refer to the college catalog for additional information or documentation)

I certify that the foregoing statements are true.

Applicants Signature

Date

Approved
Denied
Date
College Signature