Certification for Reclassification of Residency for Tuition Purposes
Return this form with Supporting Documentation to the appropriate department:
Office of Admissions, Patton Hall, Suite 100, P.O. Box 908, Normal Alabama 35762
Office of Graduate Studies, Patton Hall, Suite 300, P.O. Box 998, Normal, AL 35762

Deadlines for submission of this form:
July 15 - for consideration effective beginning with the impending Fall term
November 15 - for consideration effective beginning with the impending Spring term
April 15 - for consideration effective beginning with the impending Summer term

Required Information:
Full Name: ________________________________
(First) (Middle) (Last)
Social Security Number: ____________________ Date of Birth: ____________________
Address of permanent residence: (Street Address) ____________________________
Since (date) ____________________ (City, ST Zip) ____________________________
**If less than 12 months, list previous addresses on back of form to include all addresses 12 months prior to application.**

Reclassification Qualifications (Must meet all three qualifications):
1. ___ U.S. Citizen  OR  ___ Permanent Resident Alien (Must provide documentation)
2. ___ 12 months of continuous residence in the State of Alabama
3. ___ Alabama Driver’s License

Reclassification Requirements: Circle all that apply but must have a minimum of three forms of documentation for application to be considered for reclassification of residency for tuition purposes.
1. Payment of Alabama state income taxes as a resident
2. Ownership of a residence or other real property in the state and payment of state ad valorem taxes on residence or property
3. Full-time employment in the state for at least one year prior to application
4. Primary residence in the State of Alabama of a spouse, parents or children
5. Voter registration and voting in the state at least one year prior to application for reclassification
6. Possession of current state or local licenses to do business or practice a profession in the state valid at least one year prior to application for reclassification
7. Ownership of personal property in the state, payment of state taxes on the property, and possession of state license plates
8. In-state address shown on selective service registration, automobile title registration, hunting and fishing licenses, insurance policies, stock and bond registrations, last will and testament, annuities, or retirement plans for a continuous period of one year prior to application for reclassification.

Certification
I, ________________________________, ____________________, ____________________, ____________________, ____________________, swear and affirm that the address stated above is within the State of Alabama and is my residence and that I intend to remain at this address indefinitely.

I further declare, swear and affirm that the information provided above is true and accurate to the best of my knowledge and belief; that in order to be eligible for resident tuition rates, the burden of proof lies with me, and that I have supplied the documentation for any and all of the items that I checked above.

I further understand that failure to provide the documentation will result in an immediate change to nonresident classification and immediate payment due for nonresident tuition for all previous semesters in which I was enrolled under resident classification. I agree to notify the Alabama A&M University Office of Admissions or Office of Graduate Studies if there are any changes in the information submitted on this form.

I further understand that falsifying information may lead to criminal prosecution and/or disciplinary action, including dismissal from the University.

Signature of applicant ________________________________ Date ______________
Signature of parent or guardian if applicant is under 19 years of age ________________________________ Date ______________

SWORN TO AND SUBSCRIBED TO BEFORE ME, THIS THE ______ DAY OF __________________, ______.

__________________________
Signature of Notary

__________________________
My Commission Expires: ____________________