

2019-20 Appeal of Tuition Classification Application

All appeal decisions are effective in term following submission date of this residency appeal.

Massachusetts law does not allow for retroactive action on appeals

Applicant Na	ime	Stude	ent ID
Street Addre	ess	Date	of Birth
City State Zip	o Code		
Preferred ph	one	Email	@salemstate.edu
a. You very service of Months of the service of the	ncy (tuition classification) is determined by the Commonwealth of Massachus were previously admitted as an out of a cone year of withdrawal or a leave of a classachusetts and you were financially are an out of state student and you care does not apply to you then you are an Armed Service member, (or spouse or the student and youse or the student and you are student and you are student as you are student as you are student as you are student and you are student as you	etts. You can file this form to appe state student and you are now reer bsence, and during that year you reindependent. In check off a status listed below to not eligible to appeal.	eal your residency status if: ntering the university after at esided in the Commonwealth describe yourself; if one of
	Education or financial support funded Job related relocation (letter of intent Graduated from a Massachusetts high Employee of the Massachusetts Highe Recipient of a Massachusetts National Refugee/Asylee Status or Deferred Act	by the Commonwealth of Massach or commitment from employer requ school r Education System l Guard Waiver	usetts uired)

Provide ALL of the following documents with your appeal:

- A typewritten narrative statement that explains your appeal circumstances and your reasons for moving to Massachusetts. This statement should provide clear and compelling reasons for your presence in the state and prove those reasons with corroborating documentation. You must also provide evidence of statements you have included in your narrative if you wish those statements to be considered.
- 2. Proof of at least a full year of residency in an Massachusetts domicile that is adequate for your family size provide a copy of a lease, purchase/sales agreement, or deed. A notarized statement from a landlord or property owner, clearly specifying your dates of occupancy, is also acceptable if accompanied by utility bills. Ownership in a summer or temporary residence does not qualify you for in-state residency.
- 3. A copy of your passport, MA driver's license or other state ID.
- 4. Copies of 2 years prior Federal AND State income tax forms for the student and, if dependent for financial aid purposes, for the parent or custodial parents or if married, the spouse. Note that any party who did not file taxes must provide an explanation; this will include the reason why no filing was required. If employed, please provide evidence of employment and earnings; if not employed provide a full explanation of how you were able to support yourself without income.

THIS IS PAGE 1 OF THIS FORM. PLEASE TURN IT OVER TO VIEW PAGE 2.

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Your complete appeal package may also include some of these items to fully document your claim. Please place a checkmark beside the materials you have provided:

Evidence of marriage to a Massachusetts resident; you must prove at least one year of residency for your partner
The DD214 serves as evidence of military service, relocation, or discharge for those who are either present in or absent from the Commonwealth due to military orders
Copies of your I-94 Card, stamp from USCIS in passport, Green Card, diplomatic visa, I-797, both sides of your alien registration card or other appropriate evidence of legal status if you are documenting, asylum, refugee, and temporary protection or DACA status
Evidence of enrollment in a Commonwealth human service or public assistance programs in addition to your evidence of domicile
Evidence of permanent MA employment with sufficient earnings to be self-supporting
Other exhibits such as high school diploma, automobile registration, utility bills, excise tax receipts, an operator's license or other licenses issued by the Commonwealth
Evidence of statements you have included in your narrative to strengthen your case
Other:

Please provide us with your signature as verification that you have affirm the following:

- I have read the residency appeal policy and completed page 1 and page 2 of the appeal form.
- I am providing you with all of the required documentation of my appeal.
- The information I have provided in this application is true and accurate.
- I am aware that my full university record will be used in evaluation of this appeal.
- If I am asked for additional materials, I will respond within 30 days if I wish to have further consideration.
- I understand that if I have concealed or misrepresented facts, this will be referred for disciplinary action which may include penalties up to dismissal, with no right of appeal or to a tuition refund.
- I can access the full text of the state policy governing tuition classification online at: http://www.mass.edu/forstufam/admissions/residencypolicy.asp

Applicant Signature and date

Parent/Guardian Signature and date (for applicant under 18)

Submit this form and attachments before the term begins to:

By mail:

Residency Appeal Committee In person: 2nd Floor, Classroom Building, Central Campus

Student Navigation Center

Salem State University **By Secure Fax:** 978.542.6876

352 Lafayette Street

Salem, MA 01970 **By SSU Email:** navcenter@salemstate.edu