



UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY

APPLICATION FOR RECLASSIFICATION AS A NEW JERSEY RESIDENT FOR TUITION PURPOSES

UMDNJ School: _____ Term/Year for which you are applying:* _____

Name: _____ SSN: _____ - _____ - _____

Citizenship: U.S. Permanent resident alien Class/Year: _____

If permanent resident alien, Permanent Residency card #: _____ Expiration Date: _____

Date of Birth: _____ / _____ / _____ Marital Status: _____

Local Address: _____
STREET

CITY/STATE ZIP CODE

Permanent Address: _____
STREET

CITY/STATE Zip CODE

Telephone: (____) _____ WORK (____) _____ HOME

Date New Jersey residence was established: _____ / _____ / _____

1. The following items are required:

SUBMITTED
 YES NO

- | | | |
|--|--------------------------|--------------------------|
| A. Student's or, if student is not self-supporting, parent's or legal guardian's most recent New Jersey State Resident Income Tax form bearing a New Jersey address | <input type="checkbox"/> | <input type="checkbox"/> |
| and | | |
| B. Evidence of ownership of or current long-term (at least one year) lease on a permanent residence in New Jersey by student or his/her parent(s) or legal guardian(s) | <input type="checkbox"/> | <input type="checkbox"/> |

If above items are not submitted, please explain: _____

2. If tax returns cannot be produced, please submit the following:

- | | | |
|--|--------------------------|--------------------------|
| A. Long-term lease (see 1.B. above) | <input type="checkbox"/> | <input type="checkbox"/> |
| and | | |
| B. Current driver's license from New Jersey. (Driver's licenses from other states must be replaced by one from New Jersey) | <input type="checkbox"/> | <input type="checkbox"/> |
| and | | |
| C. New Jersey vehicle registration (own/lease) | <input type="checkbox"/> | <input type="checkbox"/> |

If above items are not submitted, please explain: _____

* Any reclassification of domiciliary status will apply to tuition for the next academic term and will not be retroactive. Completed application with all supporting documents must be submitted prior to the start of the term for which reclassification is sought.

3. If the student will not be operating a vehicle in New Jersey, he/she must submit all of the following in place of a New Jersey driver's license and vehicle registration:

		SUBMITTED	
		YES	NO
A.	A sworn, notarized affidavit that he/she will not be operating a vehicle in New Jersey	<input type="checkbox"/>	<input type="checkbox"/>
and			
B.	A sworn notarized statement from student or parent(s) or legal guardian(s) declaring domicile in New Jersey	<input type="checkbox"/>	<input type="checkbox"/>
and			
C.	If U.S. citizen, a New Jersey voter registration card	<input type="checkbox"/>	<input type="checkbox"/>
or			
If permanent resident alien, a copy of student's permanent residency card			
plus at least three (3) of the following items:			
1.	Copies of banking documents	<input type="checkbox"/>	<input type="checkbox"/>
2.	Utility bills	<input type="checkbox"/>	<input type="checkbox"/>
3.	Any documents from student's previous institution of higher education indicating recognition of New Jersey domicile	<input type="checkbox"/>	<input type="checkbox"/>
4.	Any other documentation of a social or economic relationship with New Jersey	<input type="checkbox"/>	<input type="checkbox"/>
5.	New Jersey employment documents	<input type="checkbox"/>	<input type="checkbox"/>

If above items are not submitted, please explain: _____

APPLICANT'S NOTARIZED AFFIRMATION:

I do hereby affirm that I am a resident of the state of New Jersey, that I have my true, fixed, permanent home and principal establishment in New Jersey, that it is my intention to remain in New Jersey indefinitely, and that all information provided on this form and attachments thereto is accurate, complete and true to the best of my knowledge. I understand that knowingly providing false information will disqualify me from consideration for New Jersey resident status and may result in disciplinary action, up to and including dismissal, in accordance with the School's student disciplinary procedures.

STUDENT SIGNATURE

DATE

NOTARY SIGNATURE

NOTARY NAME

DATE

RETURN COMPLETED FORM AND NECESSARY DOCUMENTATION TO YOUR STUDENT AFFAIRS DEAN OR EQUIVALENT

FOR OFFICIAL USE ONLY:

APPROVED: <input type="checkbox"/>	DISAPPROVED: <input type="checkbox"/>
NAME: _____	SIGNATURE: _____
EFFECTIVE TERM/YEAR: _____	
DATE: _____	