

Student Accounting: (908) 737-3240 Administration Building, 3rd floor

PETITION FOR NEW JERSEY RESIDENT TUITION CLASSIFICATION

Newly admitted students classified as non-residents requesting a change in their status for <u>their initial semester</u> should contact either the office of Admissions or the Office of Graduate Admissions for residency information. Students classified as non-residents requesting a change in their residency status for a semester <u>subsequent to their initial semester</u> must complete this petition and return it to the One Stop Service Center **prior to the beginning of the term in which a change in status is requested**. The purpose of the form, in accordance with the New Jersey Administration code 9:5, is to provide the Office of the Registrar with sufficient information to make a determination regarding your residency status. Any student requesting a change in residency status must have bona fide domicile in the State of New Jersey for at least one year prior to the beginning of the semester for which a change in residency status is requested. All students attending the University on F1 visas are considered non-residents for tuition purposes even though they may reside in New Jersey while attending school. **Students living in New Jersey for the sole purpose of obtaining their education are not eligible for NJ residency rates.** Failure to answer questions or submit the requested documentation will result in rejection of your claim in residency.

For Office Use Only Application Complete? **D** Yes **D** No _____ Initials _____ Date

1.	Last Name:	First Name:			MI:
2.	Social Security Number:		Student ID	#:	
3.	Address:			Apt., F	loor, Suite, etc.:
	City:	State:		Zip Code:	:
4.	High School:	City:		State	c/Country:
5.	Semester and year you are pet	itioning for:			_
6.	Are you a United States Citize	n? Yes No			
	If you answered no, what is yo	our Immigration Status	» 		
	Visa type and number:	-		Date Issued:	
ttach	a photocopy of your immigr	ation card or stateme	nt from Immig	gration and Natur	ralization Service (INS
	rning your status.				
7.	(A) Are you married? Yes No				
	(B) If yes, has your spouse been a Permanent Resident of the State of New Jersey? Yes No				
8.	(A) For the semester that you are applying, state where you have live				
		_ To:		State:	
	(Date)	(Date)		_	
	From:	_ To:(Date)	_ City:	State:	
	(B) If you have lived outsi	de of New Jersey for a	any time durin	g the 12 months p	prior to your petitionin
	date:				
	With whom did you live?				
	5 5				
	Source of Income:				
	(C) When did you move to N				
0	(D) Why did you move to N				
9.	Voter Registration Number: _	0		- D.	
	County:			_ Date:	
10	PLEASE ATTACH PHOT				
	Lo you have a valid driver's h	concor Voc No			
10	. Do you have a valid driver's li If yes, in which state?		1		

PART II-INDEPENDENT STUDENT

Complete this section **ONLY IF** you are claiming New Jersey residency for tuition purposes as a financially independent student.

- 1. Have you resided with your parent for more than 6 consecutive weeks during the past 12 months prior to the beginning of the applied semester? Yes No
- 2. Please provide proof of your 1-year domicile by submitting ALL of the following documentation.
 - a. A copy of your lease with dates of your dated rent receipts
 - b. A copy of your proof of home ownership
 - c. A copy of your utility bill
 - d. A copy of your bank statements
 - e. A copy of your New Jersey State Tax Return

If you cannot supply the above proof of domicile, please explain below.

Please list your financial resources (include all forms of financial aid, i.e. grants, scholarships, state, and/ or federal aid. etc.) including employment for the preceding calendar year. THIS INFORMATION WILL BE VERIFIED WITH THE FINANCIAL AID OFFICE.

SOURCE

AMOUNT OF AID

- 3. Have you filed a New Jersey Income Tax Return? Yes No
- 4. Have you filed a Federal Income Tax Return? Yes No If you answered yes, please attach copies of each. If no, please explain.
- 5. Have your parents claimed you as a dependent on their Federal Tax Return for the past two years? Yes No
- 6. Additional pertinent information:

7. AFFIDAVIT OF DOMICILE

_____ do affirm that I have resided in the States of New I, _ Jersey for the purpose of making my true, fixed, permanent home and principal of living establishment and to which I intend to return after I have absented myself from the State.

I hereby swear/affirm that the answers given in this petition are accurate and complete, and that the documents attached here are true and unaltered copies of the original documents requested. If any of the circumstances change, affecting the tuition status requested by this petition, I agree to notify the University in the writing within 15 days of such change.

STATE OF _____ COUNTY OF

Signature of Petitioner:

_	Date:	_

Sworn to and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public: Date:

Last, First _____

Phone nur	mber
-----------	------

PART III- DEPENDENT STUDENT

Complete this section **ONLY IF** you are claiming New Jersey residency for tuition purposes as dependent or your parents or legal guardian.

- 1. Are you financially dependent upon your parents?
 - Yes No
- Have your parents claimed you as a dependent on their New Jersey Gross Income Tax Return for the past two years? Yes No

IF YOU ANSWERED YES, PLEASE ENCLOSE COPY OF TAXES.

 Are your parents/legal guardian United States Citizens? Yes No

If not, what is their immigration status?

What type of visa are they on? _

Date Issued: _____

PLEASE ATTACH A PHOTOCOPY OF IMMIGRATION CARD.

- 4. Please provide proof of your 1-year domicile by submitting ALL of the following documentation.
 - a. A copy of Parent/Legal Guardian lease with dates of your dated rent receipts
 - b. A copy of Parent/Legal Guardian proof of home ownership
 - c. A copy of Parent/Legal Guardian utility bill
 - d. A copy of Parent/Legal Guardian New Jersey State Tax Return

If you cannot supply above proof of domicile, please explain:

IMPORTANT: I hereby swear/affirm that the answers given in this petition are accurate and complete and that all documents attached hereto are true and unaltered copies of the original documents requested.

STATE OF _____

COUNTY OF _____

Signature of Parent or Guardian completing form: ______ Date:

Sworn to and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public: _____

Date: _____

For Office of Registrar Use only: