

One Stop Service Center: (908) 73-REGME Financial Aid: (908) 737-3190 Center for Academic Success (CAS), 1st floor

> 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 their initial semester 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 subsequent to their initial semester 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 subm	it the requested doci	umentation will res	ult in rejection of your	claim in residency.
	For Office Use On	nly Application Co	omplete? • Yes I	□ No Init	ials Date
		PART I – BAS	SIC IDENTIFIC	ATION	
1.	Last Name:		First Name:		MI:
2.	Social Security Number:		Student ID	#:	
3.	Address:			Apt., Floor	, Suite, etc.:
	City:	State: _		Zip Code:	
4.	High School:	C	City:	State/Co	
5.	Semester and year you are pe	titioning for:	· 	· · · · · · · · · · · · · · · · · · ·	
6.	Are you a United States Citize				
	If you answered no, what is y Visa type and number:	our Immigration Sta	itus?		
	Visa type and number:			Date Issued:	
	a photocopy of your immigraing your status.	ration card or state	ment from Immi	gration and Naturaliz	ation Service (INS
	(B) If yes, has your spouse b Place of Residency: _				No
8.	Place of Residency: _ (A) For the semester that you From:	ou are applying, state To:	where you have liv City:	ved for the past 12 mor State: State:	iths.
	(Date)	(Date))		
	From:	To:	City:	State:	
	(Date) (B) If you have lived outsi	(Date) ide of New Jersey f	or any time durir	og the 12 months prior	r to your petitioning
	date:		, , , , , , , , , , , , , , , , , , ,	-8 I	, , , , , , , , , , , , , , , , , , ,
	With whom did you live?				
	I am a New Jersey resident w	ho attended school	out of state. Yes	No	
	Source of Income:				
	(C) When did you move to I				
	(D) Why did you move to N				
9.	Voter Registration Number:				
	County:	State:		Date:	
	PLEASE ATTACH PHOT				
10.	. Do you have a valid driver's l	icense? Yes No	0		
	If ves, in which state?	Date Is	sued:		

ast, Fir	st	Phone number	[Document title]		
	PART II-INDEPENDE	ENT STUDENT			
	ete this section <u>ONLY IF</u> you are cla	ming New Jersey residency for tuit	tion purposes as a financially		
1.	Have you resided with your parent for a beginning of the applied semester? Ye Please provide proof of your 1-year of a. A copy of your lease with data b. A copy of your proof of home c. A copy of your utility bill d. A copy of your bank stateme e. A copy of your New Jersey S	s No lomicile by submitting ALL of the f tes of your dated rent receipts e ownership nts			
cludir	list your financial resources (include all fong employment for the preceding calenda NCIAL AID OFFICE.				
11 1/11	SOURCE		AMOUNT OF AID		
	Have you filed a New Jersey Income Ta Have you filed a Federal Income Tax R If you answered yes, please attach co	eturn? Yes No			
5.6.	Have your parents claimed you as a dep Yes No Additional pertinent information:	endent on their Federal Tax Return fo	or the past two years?		
7.	AFFIDAVIT OF DOMICILE				
	I,				
	STATE OFCOUNTY OF				
	Signature of Petitioner:		Date:		
	Sworn to and subscribed befor	e me this day of	, 20		
	Signature of Notary Public: Date:		_		

Last, First	Phone number	_[Document title]

ast, First	t	Phone numb	oer	[Document title]
PART I	II- DEPENDENT STUDEN	VT		
Complet egal gua	•	e claiming New Jersey residence	y for tuition purpos	ses as dependent or your parents or
	Are you financially dependent u	pon your parents?		
	Yes No			
	Have your parents claimed you : Yes No IF YOU ANSWERED YES, l	-	·	e Tax Return for the past two years?
	Are your parents/legal guardian		OF TAXES.	
	Yes No			
	If not, what is their immigration What type of visa are they on? _	ı status?	D-4- I 1	
	PLEASE ATTACH A PHOT	OCOPY OF IMMIGRATIO	Date Issued: _ DN CARD .	
	b. A copy of Parent/Legc. A copy of Parent/Leg	gal Guardian New Jersey Sta	ownership	nt receipts
	IMPORTANT: I hereby swear documents attached hereto are t			
	documents attached hereto are t			
	STATE OF COUNTY OF Signature of Parent or C	crue and unaltered copies of the	e original document	s requested.
	STATE OF COUNTY OF Signature of Parent or O Date:	Guardian completing form:	e original document	s requested.
	STATE OF COUNTY OF Signature of Parent or O Date: Sworn to and subscribe	Guardian completing form: da	e original document	s requested.
	STATE OF COUNTY OF Signature of Parent or O Date: Sworn to and subscribe	Guardian completing form:	e original document	s requested.
	STATE OF COUNTY OF Signature of Parent or O Date: Sworn to and subscribe Signature of Notary Pul	Guardian completing form: da	e original document	s requested.
	STATE OF COUNTY OF Signature of Parent or O Date: Sworn to and subscribe	Guardian completing form: da	e original document	s requested.
	STATE OF COUNTY OF Signature of Parent or O Date: Sworn to and subscribe Signature of Notary Pul	Guardian completing form: da	e original document	s requested.
	STATE OF COUNTY OF Signature of Parent or O Date: Sworn to and subscribe Signature of Notary Pul	Guardian completing form: da	e original document	s requested.
	STATE OF COUNTY OF Signature of Parent or O Date: Sworn to and subscribe Signature of Notary Pul	Guardian completing form: da	e original document	s requested.
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