ALL REQUIREMENTS MUST BE MET BY THE FIRST DAY OF CLASSES

DEADLINE FOR SUBMISSION OF PETITION

PETITION FOR IN-STATE TUITION CLASSIFICATION STATE OF NEW MEXICO



FOR THE	
/ TERM: 20	

Instructions: Please answer all questions completely, using "none" or N/A for those questions which do not apply to your situation. If you need more space or wish to make a further statement, feel free to attach pages, clearly indicating the subject of each addition. Submit the petition to the appropriate office well in advance of the term for which request is being made.

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PLEASE PRI	NT OR TYPE					
PETITIONER	NAME:		SSI	V:		
DATE OF BIR	TH:		TELEPHONE	#:		
	es where you (student) have resided in the last the reason you resided at that address. (For exa			**	nce includin	g current
FROM TO	Present Address:			31373		
/ / /	City State					
FROM TO	Previous Address:					
/ /	City State					
FROM TO	Previous Address:					
/ /	City State	_ Zip	Reason			
	1. What state do you consider your permanen	it home?				
YES NO	2. Have you been absent from New Mexico f	or more th	nan a month in the previou	us year? If yes, please	explain:	
YES NO	3. Do you intend to (or have you) establish(e	d) New M	Mexico residency, thereby	relinquishing residence	e in all other	states?
YES NO	4. Are you married to a New Mexico resident	+9		-		
YES NO	5. Are you currently enrolled, or have you att					
TES NO	If "yes," complete below:	chica, an	mistitution of higher educ	ation in the last two ye	iais:	
	Institution		City/State		Classified a R	Resident?
FROM TO					YES	NO
FROM TO					YES	NO
FROM TO					YES	NO
YES NO	6a. Did you graduate from a New Mexico hig	gh school	or receive a New Mexico	GED? If "ves." list hig	zh school and	d
	graduation date or GED date. HS Name			_		
FROM TO	6b. Did you attend a secondary educational in	istitution i	n New Mexico for at leas	t one year?		
/ / /	InstitutionI	Dates of A	ttendance			
FROM TO	7. List all employer's addresses and dates of	employm	ent in the previous year:			
/ /	Employer		City		State	FT Permanen
YES NO		\perp				
	8. Did your parents or legal guardian claim your fi "yes," who? Parents	ou as a de	pendent on federal tax ret Mother	urns in the immediatel Father	y preceding	tax year? Guardian
	If under the age of 23, a duplication	te copy of	pages one and four of Fo	 rm 1040 or 1040-EZ i	s required.	.

	9. If you are less than 19 years of age or answered "yes" to question 8, please provide the following information:
	Parent/Guardian Name:
	Address:
	City State Zip Reason
	If parents' addresses differ, explain:
YES NO	10. Are you registered to vote in New Mexico? If yes, Voter Registration Number:
YES NO	11. Did you file a New Mexico Personal Income Tax Report in the immediate preceding year?
	What state is currently withholding state income tax from your salary?
	12. Drivers License Number: State Exp
YES NO	13. Do you own a motor vehicle? If "yes," license number:
	14. List any other information and applicable dates which may be pertinent to your classification as a New Mexico resident for tuition purposes (including proof of employment in NM, a NM Bank Account, NM residential ownership, payment of NM utility bills):
YES NO	
	15. In the previous year, were you a participant in a tuition reciprocity, student exchange program or the recipient of a
YES NO	competitive or athletic scholarship? Amount of Scholarship:
	16. Are you receiving financial assistance from any state other than New Mexico?
	If "yes," complete the following:
	Name of Agency:
YES NO	State Date Received:
	17. Have you separated from the U.S. Armed Forces in the previous two years?
	Home of record on original entry papers: Home of record on separation papers (DD-214):
YES NO	
	18. If you are in the United States on a non-immigrant visa please provide the following information:
	Country of citizenship:
	Date of entry into the U.S.:
	Type of visa: F-1, F-2 J-1, J-2 H-1, H-2
	Permanent Resident Alien Registration Number:
	I certify that the above is true and correct to the best of my knowledge. I am aware that the Institution may cancel my admission or registration for any false or misleading statement on this petition and assess retroactive tuition and fees.
	Date: Petitioner Signature:
	OFFICE USE ONLY
accessed.	:Date: