



**RESIDENCY APPEAL FORM**

Student Name:	<input type="text"/>	Student ID #:	<input type="text"/>
E-mail address:	<input type="text"/>	Telephone:	<input type="text"/>
Mailing address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Zip Code:	<input type="text"/>

**Instructions:**

Upon notification of a denial for reclassification, **students have 10 days to submit an appeal.** Appeals of denial for reclassification as non-residents must be submitted to the Registrar's Office for consideration by the College's Residency Appeals Committee. Within 21 days of the receipt of the appeal, the student will be notified by the Registrar's Office regarding the College's decision. If the decision is to reclassify the student to a resident, the classification will be effective with the current term and a refund of non-resident fees will be made to the student, if applicable.

**You must attach to this signed form a concise statement indicating why you believe you are entitled to a residency reclassification and any relevant documentation that supports your request.**

***I have not received satisfactory resolution to my residency request. I am now requesting this matter be forwarded to the Residency Appeals Committee.***

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**