INSTRUCTIONS FOR COMPLETING A PETITION FOR CHANGE IN CLASSIFICATION FOR TUITION PURPOSES

Please carefully read the VIII-2.70 POLICY ON S	TUDENT CLASSIFICATION FOR ADMISSION AND TUITION PURPOSES of the University
	quirements, procedures and appeal information. The full text of the policy is available at r.pdf. I affirm that I have read the policy and requirements for establishing in-state status as well as
the information provided below.	Signature:
Date:	University ID Number:
Submit the completed petition and ALL require	d documentation to the following address* (faxes and emails are not be accepted):

University of Maryland - College Park Office of the Registrar Residency Reclassification Services 1130 Clarence M. Mitchell Jr. Building College Park, MD 20742

Note: Please be advised that Residency Reclassification Services <u>will not</u> be able to accept or review your petition if the required documents are not provided with your petition. You can use the petition filing <u>checklist</u> as a guide.

IMPORTANT INFORMATION REGARDING PETITIONS:

- The petition submission deadline is FIRST day of classes for the semester/term for which you are seeking in-state status.
- Read the petition carefully and complete ALL sections of the petition that apply to you. Failure to complete all applicable sections of the petition and submit ALL required documentation may result in a denial of in-state status.
- If you cannot provide the required information, you must attach a separate sheet with an explanation or write your explanation in the margins of the petition.
- Only one petition may be filed per semester/term.
- Requests for retroactive changes are not accepted.
- No materials or documentation will be returned after the petition is submitted.
- The review of the petition and an <u>initial</u> determination of the status may take as long as <u>six (6) weeks</u>, not including subsequent appeals. You will be responsible for non-resident tuition as well as all late fees and finance charges accrued during the entire process.
- If claiming dependence, the person upon whom the student is dependent <u>must</u> have his/her signature notarized. For your convenience there is a Notary Public at the Residency Reclassification Services. Please call ahead to check for availability.
- In the cases where affidavits are accepted, they must be typed, dated, notarized, and contain information as specific as possible including dates, addresses, amounts, etc. Please check in advance for instructions.
- Please note: Graduate Assistants who were admitted as out-of-state students are assessed tuition at the in-state rate, **only** as a benefit of their employment. All out-of-state graduate assistants who have met all residency requirements and wish to change their status to in-state must file a timely petition with the Residency Reclassification Services in accordance with policy requirements.

Section 1: Student Information

This section must be completed by all student petitioners for in-state status.

Section 2: Basis for claiming In-State Status

This section must also be completed by all student petitioners for in-state status.

Section 3: Income Information for Student

This section must be completed by all students who indicated either A or B in Section 2. The evidence should document any Maryland employment and earnings history through sources beyond those incident to enrollment as a student in an educational institution e.g., beyond support provided by work study, scholarships, grants, stipends, aid, student loans, etc. Please list all employers for the past two (2) years, with specific dates of employment.

Section 4: Student Residency Information

The student petitioner must complete Section 4. Please make sure to attach photocopies of all requested documents. Students must complete this section even if claiming financial dependence upon another resident of the State of Maryland.

Section 5: Residency Information for Person upon Whom Student is Financially Dependent

Students who are financially dependent on another person must have that person complete Section 5. Please make sure to attach photocopies of all requested documents.

Section 6: Information Pertaining to Full-Time Active Duty Members of the Armed Forces of the United States or Members of the Maryland National Guard

Please review the residency policy before completing this section.

Section 7: Rebuttal Evidence

This section must be completed by **all** students who indicated "A" in Section 2. Satisfying the requirements listed in paragraphs A through I of Section II of the policy does not rebut the presumption that a student is in Maryland primarily to attend an educational institution. To overcome the presumption, a student must present additional evidence.

To determine a student's intent, the University will evaluate evidence of a student's objectively verifiable conduct. Evidence that does not document a period of at least twelve (12) consecutive months immediately prior to and including the last date available to register for courses in the semester/term for which the student is seeking in-state tuition status is generally considered an unfavorable factor under this policy. Evidence of intent must be clear and convincing and will be evaluated not only by the amount presented but also based upon the reliability, authenticity, credibility, and relevance of the evidence. The absence of objective, relevant evidence is generally considered an unfavorable factor. A student's statement of intent to remain in Maryland in the future is generally not considered to be objective evidence under this policy.

In addition to financial evidence documenting a student's independent status, or dependence upon a Maryland resident, other evidence that may be considered includes, but is not limited to substantial participation as a member of a professional, social, community, civic, political, athletic, or religious organization in Maryland, including professionally related school activities that demonstrate a commitment to the student's community or to the State of Maryland; registration as a Maryland resident with the Selective Service, if male; evidence showing the student uses his or her Maryland address as his or her sole address of record for all purposes including on health and auto insurance records, bank accounts, tax records, loan and scholarship records, school records, military records, leases, etc.; an affidavit from a person unrelated to the student that provides objective, relevant evidence of a student's conduct demonstrating the student's intent to live permanently in Maryland.

Section 8: Affirmation of Petitioner and, if Dependent, of the Person upon Whom Student is Financially Dependent

The student petitioner must sign this section but a notarized signature is not required. A NOTARIZED signature is required of the person upon whom the student petitioner is financially dependent.

UNIVERSITY OF MARYLAND COLLEGE PARK PETITION FOR CHANGE IN CLASSIFICATION FOR TUITION

DIRECTIONS: This form is intended for use by those who seek a change in residency classification or by those whose status cannot be determined from the information submitted with the application for admission. THE DEADLINE for which conditions for in-state classification must be met is the first day of the term for which in-state status is being sought. Only one petition for change in status may be filed per semester/term. All petitioners must complete Section 1 (Student Information), Section 2 (Basis for claiming in-state status), and Section 7 (Affirmation). Other sections to be completed are indicated in Section 2. **Please provide documentation where appropriate/required**.

SECTION 1: STUDENT INFORMATION (To be completed by Petitioner/Student)

Progra	nm (please check one):	□Undergraduate	☐ Graduate	Are yo	ou currently registered?
Semester & Year Admitted:		Cui	rrent Class Status:	Freshman	☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate
(1)Nar					(2) University ID Number:
	Last	First	MI		
(3) Ad					(4) Date of Birth (mm/dd/yy):
	Street				(5) Home Telephone:
	City	State	Zip		(6) Daytime/Cell Telephone:
(7) Sei	mester/Year of Petition:				(8) Email:
(9) Ha	ve you filed a residency	petition before?	☐ Yes ☐ No	If Yes, in	dicate semester and year:
(10) Aı	re you financially deper	dent upon another p	person (i.e. person who	has claimed	you on their most recent income tax return)? ☐Yes ☐No
a)) If Yes, name of pers	son whom you are fir			has claimed you on their most recent tax return)? he person:
b)) Is this person a Mar	ryland Resident?	☐ Yes ☐ No		
SECTION	ON 2: BASIS FOR C	LAIMING IN-STAT	TE STATUS (To be co	mpleted by F	Petitioner/Student)
Check	only one:				
			am a permanent Maryla ition, if you answered		tion (10)(a) in Section 1 (above), that person must
B)	I am seeking in-sta	te status because I a	am a full-time or part-tim	ne (50%) regi	ular employee of a University System of Maryland institution,
		nd provide verificat on, i.e., marriage ce	tion of employment. I		spouse or financially dependent child of an employee, order of adoption, and a copy of the most recent state
C)	I am seeking in-sta	te status because I a	am a full-time member o	of the U.S. Ar	med Forces, residing or stationed in Maryland, or whose
	National Guard. Comp child of a full-time me	lete Sections 6 and ember of the U.S. A	l 8 and provide reques rmed Forces, provide	ted docume documentat	mber of the armed forces <u>OR</u> I am a member of the Maryland entation. If you are a spouse or financially dependent tion, i.e., marriage certificate, birth certificate, or court of the person upon whom dependent

SECTION 3: INCOME INFORMATION OF STUDENT (To be completed by Petitioner/Student)

List all employers (most recent first) for the past 2 years. Use a separate sheet if necessary.

Name of Employer	Address (City and State)	Period Em	Period Employed (mm/dd/yy)	
PLEASE ATTACH DOCUMENTATION OF ALPAYSTUBS SHOWING YEAR-TO-DATE EAR RECENT STATE INCOME TAX RETURNS. SECTION 4: STUDENT RESIDENCY INFO	NED INCOME TOTALS FOR E	EACH EMPLOYER, AND	A COPY OF THE S		
				alla la Carlian O	
 Did you move to Maryland primarily to atter Please attach a statement regarding th 			•	ctly to Section 8.	
2) If you were admitted as a freshman or train	· ·	-			
, ,			criodi(s) attended.		
Address:Street	City	State	Zip		
	institution(s) since high scho		e following:		
Address:Street	City	State	Zip		
If this is a public institution, were you 3) Did you own or rent and occupy living qua				while enrolled?	
If no, please attach explanation. Please attach a photocopy of you checks (front and back) or evider evidence of residing with a spous	ir deed(s) or lease agreement ice of payment from your ren	(s) or affidavit as allow	ed by policy, and c	copies of cancelled rent	
List r	esidence(s) for the 12-month	period prior to the dea	dline.		
Address (Street Address	s, City and State)	Dates Owned or Re	ented and Occupie	d (mm/dd/yy)	
4) Are all, or substantially all, of your posses: If not, please attach explanation.	sions (including bank accounts,	furniture and pets) in the	e State of Maryland?	Yes No	
5) Income Tax Information: For the last year supplemental sheet):	prior to the deadline, list the fol	lowing information regard	ding state income tax	xes (if necessary, attach	
Income Tax Returns State [indicate state(s)]:	Year(s) Filed				
Please attach photocopies of all your c					

tax year ending within the 12-month period prior to the deadline. If you did not file a Maryland state income tax return for that tax year, please attach an explanation. If you filed state income tax returns in more than one state, please attach all returns and an explanation.

^{*} For Maryland Income Tax returns, please attach Maryland Comptroller's certified copies of each Maryland tax return. (To obtain certified copies, complete Maryland Comptroller's Office Form 129.)

(6)	Motor Vehicle Registration: Do you own or have you owned any vehicle(s) during the 12 months prior to the deadline? Yes No								
	If ye	es, for each owned motor vehicle Year, Vehicle Make & Model	e, please provide the follo State of Registration((For the past 12 month	s)	ormation (if necessary, attach a Date of Vehicle Purchase	supplemental sheet): Currently Owned? If not, date vehicle sold.			
(7)		tor Vehicle Operator's License:	•	_	_	a photocopy of the Bill of Sale.			
	a)	Do you possess a Maryland driv	ver's license?	Y∈	s No If yes, date issu	ed:			
	b) Have you possessed a driver's license in any other state?								
	c)	Has your driver's license been re Please attach a photocopy of			-				
(8)	Vot	er Registration							
	a)	Are you currently registered to	o vote? Yes N	lo If ye	es, in what state?				
	b)	Have you been registered to vo	-	-	•	r to the deadline?			
(9)	Do	o you receive any public assistar	nce from a state or local a	gency o	other than one in Maryland?	Yes No			
(10)		yes, please indicate source and tizenship Status	type of assistance:						
	a) Are you a citizen of the United States?								
	If yes, please attach satisfactory evidence of U.S. citizenship (e.g. copy of birth certificate or passport or naturalization certificate). It such forms cannot be photocopied, please bring the original to the Residency Classification Office for inspection.								
	b)	Country of Citizenship:							
	c)	Visa Type:		Alie	n Registration Number				
		Date of Issue: Expir	res:	Ple	ase attach a photocopy of visa	a.			
	d)	Are you a permanent resident?	? Yes No		Alien Registration Numbe	r:			
		Date of Issue: Please attach a copy of Perm	nanent Resident Card (f	Dat ront an	e of Expiration: d back) that covers the entire	twelve (12) month period.			
	e) Other (please explain):								
		ON 5: RESIDENCY INFORMA ompleted by the person upon wh			WHOM STUDENT IS FINAN	CIALLY DEPENDENT			
(1)	Dio	d you own or rent and occupy liv	ring quarters in Maryland	for the 1	2 months prior to the deadline?	Yes No			
	lf ı	(front and back of checks-if	cancelled checks are no	ot availa		by policy, and cancelled rent checks lence of payment from your rental agent) arent or legal guardian.			

	List residence(s) for the 12-month	i perioù prior to trie deadiirie	ł .	
	Address (Street Address, City and State)	Dates Owned or Rented	and Occupied (mm/dd/yy)	
				<u> </u>
	all, or substantially all, of your possessions (including bank accounts t, please attach explanation.	, furniture and pets) in the Stat	e of Maryland? Y	'es 🗌 No
Will the1	you claim or have you claimed as a dependent the student seeking i 2-month period prior to the deadline? Yes No	n-state status on your state inc	ome tax returns for the tax	year(s) durii
forn	es, please attach: a) photocopies of all your completed, signed ns for the tax year ending within the 12-month period prior to the ome totals for each employer.			
	r Maryland Income Tax returns, please attach Maryland Comptrified copies, complete Maryland Comptroller's Office Form 129.		ch Maryland tax return. (To	o obtain
If yo	ou did not file an income tax return, indicate reason:			
ECTIO	N 6: INFORMATION PERTAINING TO FULL-TIME MEMBER	R OF THE ARMED FORCES	S OR MEMBERS OF TH	E
	AND NATIONAL GUARD			_
ıll-Tim	e Member of the U.S. Armed Forces or Member of the Maryla	nd National Guard		
	b be completed by the Petitioner/Student or person upon whom the p			
Na	me of person completing this section:			_
	Last	First	Middle	
Re	lationship to petitioner:			_
•	All full time active duty members of the U.S. Armed Forces: ple Dependent petitioners: If the student petitioner is claiming dep Forces, please submit documentation of dependency relation adoption or guardianship).	endence upon a full time ac	tive duty member of the U	
(1)	Are you a full-time active duty member of the U.S. Armed Forces?	Yes	No No	
(2)	Are you presently stationed in Maryland?	Yes	No	
	What is your expected separation date from the U.S. Armed Force	s?		
(3)	Are you presently residing in Maryland?	Yes	No No	
	Please attach a copy of your lease, deed, or docume	entation of base housing.		
(4)	Have you established Maryland as your home of residency?	Yes	No No	
	Please attach your most recently filed state income of residency.	tax return and military docur	nent showing Maryland as	s your hom
arylan	d National Guard Members			
Na	me of person completing this section:	First	Middle	

Please submit documentation confirming that you are a current member of the Maryland National Guard (i.e. a photocopy of your most recent Maryland National Guard orders or a signed letter, on letterhead, from your commanding officer verifying your status with the Maryland National Guard).

SECTION 7: REBUTTAL EVIDENCE

(To be completed by the Petitioner/ Student). Please complete all applicable information. Failure to do so indicates that you have chosen not to offer any rebuttal evidence.

1. Please list all professional, social, community, civic, political, athletic, or religious organization in Maryland, including professionally related school activities that demonstrate a commitment to your community or to the State of Maryland. Please attach a signed statement on letterhead showing the activity and applicable dates.

Activity	Start Date	End Date
2. Please attach evidence of your sole address of record for all purposes (including on health and auto insurance)	ce records, bank a	ccounts, tax record
loan, and scholarship records, school records, military records, leases, etc.).		

3. Please attach notarized affidavit(s) from a person(s) unrelated to the student that provides objective, relevant evidence of a student's conduct demonstrating the student's intent to live permanently in Maryland.

SECTION 8: AFFIRMATION OF PETITIONER AND PERSON UPON WHOM DEPENDENT (To be completed by the Student and/or person upon whom the student is dependent.)

I hereby swear and affirm that all information provided in this petition is accurate and complete, and that all documents attached hereto are true and unaltered copies of the original documents requested. I understand that failure to include all requested documents will render this petition invalid. If false or misleading information is submitted the University may, at its discretion, revoke in-state status and take disciplinary action, including suspension or expulsion. I agree to notify the University System of Maryland of enrollment in writing within fifteen (15) days of any change of circumstances that may alter my eligibility for in-state status.

Signature of Petitioner		Date
NOTARIZED signature of person upon whom dependent (Petition will not be accepted without notarized signature.)	dou of	Date
Sworn to and subscribed before me this Signature of Notary Public	day of My commission expires: _	

Attachments: Please be advised the Residency Reclassification Services will be unable to accept your petition for in-state status if photocopies of the documents are not provided <u>with</u> your petition. Petitions not having the required documentation will not be evaluated and will be returned to the sender.