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The rules regarding residency for tuition purposes at University of South Alabama are governed by the State of Alabama Code Subsection 16, Title 16, Chapter 64.

Complete this form and include all documentary evidence

Residency reclassification will be considered for U.S. citizens or U.S. Permanent Residents who are classified out-of-state for tuition purposes at the University of South Alabama. A student who has been coded Non resident by Admissions processing must provide significant evidence illustrating a connection as a resident in the State of Alabama or Service Area. Select the appropriate qualifying form for consideration and only attach the corresponding document along with your supporting documentation.

	with your supporting documentation.
•	ent, regardless of enrollment status that beyond a reasonable doul
` •	of age or older) who has established/maintained domicile in the one calendar year (12 consecutive months) prior to enrollment
d to be a depend	ninor by the state (single and under 19 years of age, or married an endent of his or her parents if he or she cannot prove financial self 2 consecutive months) prior to enrollment at the University.
the most recent	ent Fall or Spring Semester at USA? Yes No
•	ll or spring semester, may not be eligible for residency reclassification. Pleas s to full-time enrollment in the most recent Fall or Spring term.
Certification	n of Residency / Personal Statement
South Alabama, in the State of Alabama, and I	a, and by signing below attest and certify: the following is my permaner Alabama or Service Area* and is my residence, I intend to remain at the seen my intent to be a resident of the State of Alabama or Service d I have more connections with the State of Alabama or the Service Areason, Jackson, Perry, or Stone counties; Florida - Escambia, or Santa Rosa counties.
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	Charles Time Co. La
	State: Zip Code:
ear)	To (Month/Year)
firm that the information	ation provided in this appeal and supporting documentation is true and accurate to the best of my
	ter is any studency. Int (19 years of a for at least considered and to be a dependency of the most recent facts for exceptions. Certification declare or afficient to and has Alabama, and ge, Greene, Harris ear)

Form A - Automatic Qualifier

All applicants must submit a valid copy of a driver's license or state ID card for identification purposes.

If current license is not the earliest, provide evidence of earliest license.

An Automatic Qualifiers is any student who, beyond a reasonable doubt, can demonstrate proof of residency and are not subject to demonstrating residency for at least one calendar year prior to enrollment.

Student Name:	First Middle		
Jag ID: J00 Date of Birth:	// Phone Number:		
Are you 19 years of age or older? Yes No *An applicant who is considered a minor by the State of Alabama (single documentation and signed residency statement provided by his/her 'suppo	and under 19 years of age unless emancipated by the state) must have		
Term Applying for Residency: Semester Year	Citizenship Status: U.S. Citizen Permanent Resident		
Application for residency based on:	Supporting Person		
Documented evidence of a connection between supporting person and minor must be submitted (birth certificate, marriage license, or federal and state taxes). Additional documents may be requested during the review process in order to reach a final residency decision. Full-time employment of student, spouse, or parent within the State of Alabama or Service Area, which will commence within 90 days of registration (acceptable document(s): letter from employer on letterhead containing start date and confirming full-time status) Member of or the spouse of a member of the United States military on full-time active duty stationed in Alabama or Service Area under orders for duties other than attending school (acceptable document(s): current copy of military orders showing full-time active duty assignment in Alabama or Service Area) An accredited member of or the spouse of an accredited member of a consular staff assigned to duties in Alabama or Service Area (acceptable document(s): accredited membership letter listing assignment of duties)			
FOR OFFIC	CE USE ONLY		
Approved	Denied		
Signature	Signature		
Signature	Signature		