UNIVERSITY SYSTEM OF MARYLAND
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 last day of late registration for the semester for which in-state status is being sought. Only one petition for change in status may be filed per semester. 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.

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

Institution: ____________________________________________________________________________________

Program (please check one): ○ Undergraduate ○ Graduate ○ Professional ○ Other ____________________

Semester & Year Admitted: _______

Current Class Status: ○ Freshman ○ Sophomore ○ Junior ○ Senior ○ Graduate ○ Professional

(1) Name: ____________________________ (2) Student Identification Number: ______________

(3) Address: ____________________________ (4) Date of Birth (mm/dd/yy): ____________

(5) Home Telephone: ____________________ (6) Work Telephone:___________________

(7) Semester/Year of Petition:_______________________ (8) E-Mail: __________________________

(9) Have you filed a residency petition before? ○ Yes ○ No If yes, indicate semester and year:___________

(10) Are you financially dependent upon another person? ○ Yes ○ No

a) If yes, name of person upon whom you are financially dependent: ____________________________

b) Is this person a Maryland Resident? ○ Yes ○ No

SECTION 2: BASIS FOR CLAIMING IN-STATE STATUS (To be completed by Petitioner/Student)

Check only one:

A) I am seeking in-state status because I am a permanent Maryland resident.
   Complete sections 3, 4, and 7. If you answered yes to question (10)(b) in Section I, that person must complete section 5.

B) I am seeking in-state status because I am a full-time or part-time (50%) regular employee of a University System of Maryland institution, or the spouse or financially dependent child of such an employee.
   Complete Section 7 and provide verification of employment. If you are a spouse or financially dependent child of an employee, provide documentation, i.e., marriage certificate, birth certificate, or court order of adoption, and a copy of the most recent federal and state income tax returns of the person upon whom dependent.

C) I am seeking in-state status because I am a full-time member of the U.S. Armed Forces, residing or stationed in Maryland, or whose home of residency is Maryland, or the spouse or dependent child of such a member of the armed forces.
   Complete Sections 6 and 7 and provide requested documentation. If you are a spouse or financially dependent child of a full-time member of the U.S. Armed Forces, provide documentation, i.e., marriage certificate, birth certificate, or court order of adoption, and a copy of the most recent income federal and state tax returns of the person upon whom dependent.
### SECTION 3: INCOME AND EXPENSE INFORMATION OF STUDENT
(To be completed by Petitioner/Student)

**Support and Expense Information During the Past Twelve Months**

<table>
<thead>
<tr>
<th>Student's Sources of Funds and Other Support</th>
<th>Total prior 12 months Indicate Dates</th>
<th>Student's Expenses</th>
<th>Total prior 12 months Indicate Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Be as Specific as Possible</td>
<td>Please Be as Specific as Possible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Generated Income</td>
<td></td>
<td>Rent or Mortgage(^3)</td>
<td></td>
</tr>
<tr>
<td>Father’s Contribution</td>
<td></td>
<td>Tuition and Fees Specify full or part-time/credit hrs.</td>
<td></td>
</tr>
<tr>
<td>Mother’s Contribution</td>
<td></td>
<td>Books and Supplies</td>
<td></td>
</tr>
<tr>
<td>Legal Guardian</td>
<td></td>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>Transportation(^4)</td>
<td></td>
</tr>
<tr>
<td>Other Person Providing Support</td>
<td></td>
<td>Utilities (phone, water, electric, etc.)</td>
<td></td>
</tr>
<tr>
<td>Loans(^1)</td>
<td></td>
<td>Motor Vehicle Insurance</td>
<td></td>
</tr>
<tr>
<td>Savings</td>
<td></td>
<td>Other Insurance</td>
<td></td>
</tr>
<tr>
<td>Gifts (estimated value)</td>
<td></td>
<td>Clothing</td>
<td></td>
</tr>
<tr>
<td>Trusts</td>
<td></td>
<td>Recreation</td>
<td></td>
</tr>
<tr>
<td>Social Security &amp;/or VA Benefits</td>
<td></td>
<td>Motor Vehicle Payments</td>
<td></td>
</tr>
<tr>
<td>Alimony &amp;/or Child Support</td>
<td></td>
<td>Medical</td>
<td></td>
</tr>
<tr>
<td>Scholarships and Grants(^1,2)</td>
<td></td>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Other (describe)</td>
<td></td>
<td>Miscellaneous (describe)</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

1 Identify type and source.

2 If you receive scholarship or grant funds from a state other than Maryland, indicate state.

3 If you share living quarters with parents, estimate the fair market value of housing costs.

4 If you had use of a motor vehicle registered in another person’s name, indicate name and relationship.

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

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Address (City and State)</th>
<th>Period Employed (mm/dd/yy)</th>
</tr>
</thead>
</table>

**PLEASE ATTACH DOCUMENTATION OF ALL SOURCES OF INCOME FOR THE PREVIOUS 12 MONTHS AND A COPY OF THE STUDENT’S MOST RECENT FEDERAL AND STATE INCOME TAX RETURNS.**
SECTION 4: STUDENT RESIDENCY INFORMATION

*Items correspond to the policy requirements established by the USM Board of Regents.* (To be completed by the Petitioner/Student)

(1) Are you residing in Maryland primarily to attend an educational institution? ○ Yes ○ No
   If yes, proceed directly to Section 7.

(2) If you were admitted as a freshman or transfer student, indicate name(s) of high school(s) attended:
   __________________________________________________________________________________________
   Address: ________________________________________________________________________________
   Street    City  State  Zip
   Please attach a statement/explanation (not to exceed one typed page) regarding circumstances that brought you to
   the State of Maryland.

(3) Did you own or rent and occupy living quarters in Maryland during the entire 12 month period prior to the deadline? ○ Yes ○ No
   If no, please attach explanation.
      ▪ Please attach a photocopy of your deed(s) or lease agreement(s) or affidavit as allowed by policy, and cancelled rent
        checks (front and back of checks-if cancelled checks are not available or applicable, submit evidence of payment
        from your rental agent) for the twelve (12) months prior to the deadline, or evidence of residing with a spouse, parent
        or legal guardian.

<table>
<thead>
<tr>
<th>Address (Street Address, City and State)</th>
<th>Dates Owned or Rented and Occupied (mm/dd/yy)</th>
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<tbody>
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</tbody>
</table>

(4) Are all, or substantially all, of your possessions (including bank accounts) in the State of Maryland? ______
   If not, please attach explanation.

(5) Income Tax Information: For the last 2 years prior to the deadline, list the following information regarding federal and state income
    taxes (if necessary, attach a supplemental sheet):

<table>
<thead>
<tr>
<th>Income Tax Returns</th>
<th>Year(s) Filed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td></td>
</tr>
<tr>
<td>State (indicate state(s)):</td>
<td></td>
</tr>
</tbody>
</table>
   ▪ Please attach photocopies of your federal and state income tax returns with all attachments and W-2 forms for the tax
     year ending within the 12-month period prior to the deadline. If you did not file income tax, indicate reason.

(6) Motor Vehicle Registration: Do you own or have you owned any vehicle(s) during the 12 months prior to the deadline? ______
   If yes, for each owned motor vehicle, please provide the following information (if necessary, attach a supplemental sheet):

<table>
<thead>
<tr>
<th>Year, Vehicle Make &amp; Model</th>
<th>State of Registration(s) (For the past 12 months)</th>
<th>Date of Vehicle Purchase</th>
<th>Currently Owned?</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

▪ Please attach photocopy of the registration(s) and title(s) of all vehicles listed; if sold, a photocopy of the Bill of Sale.

(7) Motor Vehicle Operator’s License:
   a) Do you possess a Maryland driver’s license? ○ Yes ○ No
      If yes, date issued: ________________
   b) Have you possessed a driver’s license in any other state? ○ Yes ○ No
      If yes, state? ________________
      Date issued: ________________
   c) Has your driver’s license been renewed in the last 12 months? ○ Yes ○ No
      ▪ Please attach a photocopy of any driver’s license you currently possess.
Voter Registration

a) Are you currently registered to vote?  ○ Yes  ○ No  If yes, in what state? ______________________

b) Have you been registered to vote in any other state during the twelve month period directly prior to the deadline?  ○ Yes  ○ No  Please attach a photocopy of your voter’s registration card(s) for the past 12 months.

(9) Have you received public assistance in the twelve months prior to the deadline from a state other than the State of Maryland or from a city, county or municipal agency other than one in Maryland?  ○ Yes  ○ No

If yes, please indicate source and type of assistance: ____________________________________________________

Citizenship Status

a) Are you a citizen of the United States?  ○ Yes  ○ No (If no, complete b and c, or d or e)

b) Country of Citizenship: __________________

c) Visa Type:___________________________  Alien Registration Number _______________________

  Date of Issue: ________  Expires: ________  ▪  Please attach a photocopy of visa.

d) Are you a permanent resident?  ○ Yes  ○ No  Alien Registration Number: _______________________

  Date of Issue: ________________________  Expiration Date: _____________________________

  ▪  Please attach a copy of Permanent Resident Card (front and back) that covers the entire twelve (12) month period.

e) Other (please explain): ______________________________________________________________

SECTION 5: RESIDENCY INFORMATION FOR PERSON UPON WHOM STUDENT IS FINANCIALLY DEPENDENT

(To be completed by the person upon whom the petitioner is dependent.)

1. Did you own or rent and occupy living quarters in Maryland for the 12 months prior to the deadline? ________
   If no, please attach explanation.

   ▪  Please attach a photocopy of your deed(s) or lease agreement(s) or affidavit as allowed by policy, and cancelled rent checks (front and back of checks-if cancelled checks are not available or applicable, submit evidence of payment from your rental agent) for the twelve (12) months prior to the deadline, or evidence of residing with a spouse, parent or legal guardian.

   List residence(s) for the 12-month period prior to the deadline.

<table>
<thead>
<tr>
<th>Address (Street Address, City and State)</th>
<th>Dates Owned or Rented and Occupied (mm/dd/yy)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

2. Are all, or substantially all, of your possessions, such as furniture and pets, in the State of Maryland?  ○ Yes  ○ No
   If not, please attach explanation.

3. Will you claim or have you claimed as a dependent the student seeking in-state status on your federal income tax returns for the tax year(s) during the 12-month period prior to the deadline?  ○ Yes  ○ No
   If yes, please attach photocopies of your federal and state income tax returns with all attachments and W-2 forms for the tax year ending within the 12-month period prior to the deadline.

   If you did not file an income tax return, indicate reason: ______________________________________________________________

4. Citizenship Status

a) Are you a citizen of the United States?  ○ Yes  ○ No (If no, complete b and c, or d or e)

   If yes, please attach satisfactory evidence of U.S. citizenship.  (e.g., copy of birth certificate or passport or naturalization certificate.  If such forms cannot be photocopied, please bring the original to the Residency Classification Officer for inspection.)

b) Country of Citizenship: __________________
c) Visa Type: ________________________ Alien Registration Number ______________________
   Date of Issue: ________ Expires: __________ • Please attach a photocopy of visa.

d) Are you a permanent resident?    ○ Yes    ○ No
   Alien Registration Number: ______________________
   Date of Issue: ________________________ Expiration Date: _____________________________
   ▪ Please attach a copy of Permanent Resident Card (front and back) that covers the entire twelve (12) month period.

  e) Other (please explain):

   _____________________________________________________________________

   _____________________________________________________________________

SECTION 6: INFORMATION PERTAINING TO FULL-TIME MEMBER OF THE ARMED FORCES
(To be completed by the Petitioner/Student or person upon whom the petitioner is dependent)

Name of person completing this section: __________________________________________________________

Last    First    Middle

Relationship to petitioner:________________________________________________________________________

(1) Are you a full-time member of the U.S. Armed Forces or their associated reserves?   ○ Yes   ○ No

(2) Are you presently stationed in Maryland?   ○ Yes   ○ No
   What is your expected separation date from the U.S. Armed Forces or reserves? ______________

(3) Are you presently residing in Maryland?    ○ Yes    ○ No
   Please attach a copy of your lease, deed, or documentation of base housing.

(4) Have you established Maryland as your home of residency?    ○ Yes    ○ No
   ▪ Please attach your most recently filed state income tax return and military document showing Maryland as your home of residency.
   ▪ All military, please submit a photocopy of your most recent orders and your military I.D.
   ▪ If student petitioner is claiming dependence, please submit a photocopy of military dependent I.D. card.

SECTION 7: REBUTTAL EVIDENCE
(To be completed by the Petitioner/Student)

Please complete all applicable information.

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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please attach evidence that your 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.

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.
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.

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.     Date
(Petition will not be accepted without notarized signature.)

Sworn to and subscribed before me this ______________________ day of ______________________

_________________________  __________________________
Signature of Notary Public      Date

My commission expires: ______________________

 Attachments: Please be advised the Residency Classification Office will be unable to accept your petition for in-state status if photocopies of the following documents are not provided with your petition. Petitions not having the required documentation will be returned to the sender.