

The College of New Jersey

Residency Analysis Form

The College of New Jersey requests this information for the purpose of determining residence classification pursuant to New Jersey Statute 18A:62.4 (residency requirement) and N.J.S.A. 18A:62.4.1 (resident tuition for military personnel). All information is confidential based on the College's compliance with FERPA. Responses to all items are required. If you fail to provide the required information or documentation as noted, the College may not act on this application.

Date _____ PAWS ID _____ Effective Semester _____

1. Name: _____
Last First Middle/Maiden

2. Current Address: _____
Street City State Zip Phone No.

3. Permanent Address: _____
Street City State Zip Phone No.

4. Birthdate: _____ Birthplace: _____
City State/Country

5. (For aliens only) What is your current visa classification? _____ (Provide copy)
(If permanent resident, please provide photocopy of "green card"- I-551 Resident Alien Card)

6. Date you moved to New Jersey: _____
a. Reasons for coming to New Jersey and future plans: _____

b. Last out-of-state address: _____
Street City State Zip

7. If you own a motor vehicle, in which state is it registered? _____ (Provide copy)

a. From which state is your current driver's license issued? _____ (Provide copy)

8. In which state are you registered to vote? _____ (Provide copy)

Dependent Students (Students who are claimed as dependents on income tax returns or whose primary support is provided by parents/guardians.)

9. Parents' names: _____
Father Mother

Address (if different, show both) _____

If under guardianship, list name and address of guardian: _____
(Provide certified copy of court order.)

10. Did your parents/guardians claim you as a dependent on their last federal income tax return? Yes ___ No ___

a. Year last claimed: _____ (Please provide copy)

b. Will they claim you for this tax year? Yes ___ No ___

c. In what state did your parents/guardians file their state income tax return? _____
(Please provide a copy if filed in NJ) State Year

For Office Use Only:

Date Received: _____ Decision: _____ Effective Date: _____

Comments: _____

Independent Students (Student is married or provides own financial support.)

11. If married, please give name of spouse: _____
- | | | |
|--|------|--------------|
| | Name | Date married |
|--|------|--------------|
- a. Residence of spouse: _____
- | | | | |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|
- b. Is spouse currently attending TCNJ? Yes ___ No ___ If yes, provide social security #: _____
- c. If you are employed, please state occupation, employer and number of hours worked each week:
- | | | | |
|------------|----------------------|---------|------------|
| Occupation | Employer and address | Phone # | Hours/week |
|------------|----------------------|---------|------------|
- d. If you or your spouse is employed, did you file a New Jersey State Income Tax Return for last year?
Yes ___ No ___ (If yes, please provide a copy of your return.)

12. Name, location, and dates of last secondary school(s) attended:

13. Name, location, dates of attendance, and degree(s) conferred for all post-secondary institutions:

14. Employment history for the last three (3) years. (Most recent employer and address listed first).

Employer	Address	Dates employed

15. On a separate **typed** page, please describe **in detail** the sources of support for this and the next calendar year. Include all periods of employment, all types of loans/grants/scholarships from any source, all amounts of financial support received from parents or other persons, and the date such support ended or will end. In addition, please list, if any, accounts held at banks or savings institutions and the addresses.

16. On a separate **typed** page, state why you believe you should be classified as a New Jersey resident and what steps you have taken to establish your permanent residence in New Jersey. (Be specific and able to supply documents in support of your application, such as employment verification, tax forms, driver's license, etc.)

17. Validation statement:

a. By spouse, if applicable:

I certify that the information contained in the application is true, correct, and complete.

Signature of spouse (if applicable)

Date

b. By parent(s)/guardian(s) if student is dependent:

The information I/we have provided herein is true and complete to the best of my/our knowledge and belief.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

c. Notarized statement by student:

I affirm that the information provided by me herein is true and complete to the best of my knowledge and belief.

Signature of Student

Date

(Notary Seal and Signature of Notary)/Date

Any false statement or withholding of pertinent information is a separable offense under the College's Disciplinary Hearing Policy.

To determine whether a person is a New Jersey domiciliary, the primary evidence is a New Jersey Resident Income Tax return, or in the case of a dependent student, a copy of his/her parent(s)/legal guardian(s)/spouse's New Jersey Resident Income Tax return. Refer to The College of New Jersey Policy Statement on Student Residency for Tuition Purposes for further information.

Where to submit this form: Students requesting a change of residency status for their semester of admission must apply to the Office of Records and Registration prior to the start of the semester. Students who are requesting a change in residency status for a semester subsequent to the semester of admission must submit paperwork to the Office of Records and Registration, Green Hall 112. All petitions for the subsequent semester must be filed no later than the last day of the current semester.

**Office of Records & Registration
P.O. Box 7718, Ewing, NJ 08628-0718
609-771-2141**

Revised August, 2009-Records and Registration

For Office Use Only:

Date Received: _____ **Decision:** _____ **Effective Date:** _____

Comments: