

ATTENTION: Students who are U.S. military veterans or a family member of a veteran, please do not use this form; instead, please use the form provided by NSHE and linked here: Veterans, Spouses and Dependents: Information Request Form for Determination of Tuition Charges.

Applications missing required documentation will not be accepted – NO EXCEPTIONS. Please include photocopies of all required supporting documents with your application and keep a duplicate of your submission for your records. All submitted documents become the property of CSN and will not be returned.

Name _____
Last First Middle Initial

NSHE ID Number _____ Date of Birth _____ Country of Citizenship _____
(Proof may be required)

Address _____
Street City State Zip

Applying for Semester: Fall 20____ year Spring 20____ year

Instructions:

1. Read and sign the **Declaration of Intent of Residency** in SECTION I below, except if you are a member on active duty of the U.S. Armed Forces or Nevada National Guard.
2. Read SECTION II on Page 2 regarding **Important Nevada Residency Conditions** to avoid making common mistakes, especially in regards to which students can claim lawful dependent status for tuition purposes and the required 12-month waiting period as a nonresident student for former Western Undergraduate Exchange (WUE) Program individuals applying for residency.
3. Next, determine if you qualify for one of the **All Inclusive Residency Categories (A thru G)** listed in SECTION III starting on page 2. If you do, check the appropriate box next to your selection, provide all required documentation, and submit your complete residency packet as indicated in #7 below.
4. If you did not qualify under one of the All Inclusive Categories, proceed to SECTION IV Remaining Residency Categories on page 3, and determine your financial status per SECTION IV. Part 1:
 - **Financially Independent** - Means that you have not been and will not be claimed as an exemption for federal income tax purposes under the Internal Revenue Code by another person, except your spouse, for the most recent tax year.
 - **Financially Dependent** - Means that you are not financially independent and you are claimed as an exemption for federal income tax purposes under the Internal Revenue Code by another person for the most recent tax year.
5. After determining your financial status, go to SECTION IV. Part 2 on page 4 and establish whether you are a **NEW** or **CURRENT** student.
 - **New Student** - Anyone who plans on attending CSN but has not completed a class at CSN.
 - **Current Student** - Anyone who previously completed a class at CSN (*Reclassification Option*).
6. Check the appropriate box next to your selection on SECTION IV. Part 2, provide all required documentation with your application, and submit your residency packet as indicated in # 7 below.
7. Mail or hand-deliver your **signed** and completed application with photocopies of required documents to the **Office of the Registrar** on either the Charleston, the Cheyenne or the Henderson campus. **CSN does not accept faxed or emailed submissions.**

If you are not a U.S. citizen Do you have an alien registration (*permanent resident*) card, or have been granted official asylum or refugee status? Yes No (*Please provide copy*)

Visa Status Effective Fall 2014, students in certain visa categories can apply for in-state tuition with proof of visa status. *Please refer to the Acceptable Non-Immigrant Aliens Visa Classifications section in this document.*

Have you lived in the state of Nevada for at least 12 months? Yes No

Do you have proof of visa status? Yes No Visa Status _____

Please submit a copy of your I-94 (*Arrival/Departure Record*) along with proof of Visa Status.

Acceptable Non-Immigrant Alien Visa Classifications (Effective Fall 2014) Submit one (1) of the following visas:

- | | |
|--|---|
| <input type="checkbox"/> Foreign Government Official (A-1, A-2 or A-3) | <input type="checkbox"/> North Atlantic Treaty Organization (NATO-1, NATO-2, NATO-3, NATO-4, NATO-6, NATO-7) |
| <input type="checkbox"/> Treaty Traders or Treaty Investors (E-1 or E-2) | <input type="checkbox"/> Workers with Extraordinary Abilities (O-1, O-3)
Note: Spouse or child of O-1 only |
| <input type="checkbox"/> Foreign Government Officials to International Organizations (G-1, G-2, G-3, G-4, G-5) | <input type="checkbox"/> Athletes and Entertainers (P-1, P-2, P-3, P-4) |
| <input type="checkbox"/> Temporary Workers (H-1B, H-1C, H-4) Note: spouse and children of H-2A, H-2B or H-3 not eligible | <input type="checkbox"/> Religious Workers (R-1, R-2) |
| <input type="checkbox"/> Foreign Media Representative (I) | <input type="checkbox"/> Witness or Informant (S-5, S-6, S-7) |
| <input type="checkbox"/> Fiancé or Spouse of U.S. citizen (K-1, K-2, K-3, K-4) | <input type="checkbox"/> Victims of a Severe Form of Trafficking in Persons (T-1, T-2, T-3, T-4, T-5) |
| <input type="checkbox"/> Intracompany Transferee (L-1A, L-1B, L-2) | <input type="checkbox"/> Victims of Certain Crimes (U-1, U-2, U-3, U-4, U-5) |
| <input type="checkbox"/> Certain Parents and Children of Special Immigrants (N-8, N-9) | <input type="checkbox"/> Certain Second Preference Beneficiaries (V-1, V-2, V-3) |

SECTION I: Declaration of Intent of Residency (Not applicable to Residency Category F)

I hereby declare that I have abandoned any domicile or residence in any state or commonwealth of the United States of America other than the State of Nevada. I further certify that I have established a bona fide domicile or residence in the State of Nevada with the intent of making Nevada my true, fixed, and permanent home and place of habitation, having clearly abandoned my former domicile or residence and having no intent to make any other location outside the State of Nevada my home and habitation.

I further certify that to the extent it is required for me to qualify as a resident for purposes of tuition, I have been domiciled or a resident in the State of Nevada for at least 12 months immediately prior to the date of my anticipated matriculation to resident student status and that, therefore, I have been physically present and residing in Nevada for that entire period of time, excluding short-term absences for business or pleasure. The information provided on this application and supporting documentation is true to the best of my knowledge. I understand that omissions or misrepresentations will invalidate consideration for in-state residency.

Date _____

Student Signature _____

Parent/Legal Guardian/Spouse/Domestic Partner Signature _____
(applies to financially dependent student)

Student's Name _____

Name of Parent/Legal Guardian/Spouse/Official Domestic Partner _____

Filing a false Declaration of Intent of Residency will result in the payment of nonresident tuition for the period of time a student was enrolled as a resident student and may also lead to the disciplinary sanctions under Title 2, Chapter 6 of the Nevada System of Higher Education Code. Disciplinary sanctions include a warning, reprimand, probation, suspension, or expulsion.

SECTION II: Important Nevada Residency Conditions – read more at www.csn.edu/residencyFAQ

- a) The rules and regulations determining whether students shall be classified as resident or nonresident for tuition charges are governed by the Board of Regents of the Nevada System of Higher Education (NSHE) found under Title 4, chapter 15 of the Board of Regents Handbook.
- b) If you were initially enrolled at CSN under the WUE program, you cannot be reclassified as a resident student following matriculation unless you dis-enroll from the **Western Undergraduate Exchange (WUE)** program and pay full nonresident tuition for at least 12 months.
- c) To qualify as dependent the person you reside with must be a legal parent, a legal guardian, or a registered spouse (defined as the student's partner in legal marriage or registered domestic partnership). Receiving financial support from a boyfriend/girlfriend/fiancé, grandparent, or other relative/friend with whom you reside but who is not your legal guardian or registered spouse does not meet dependent status.
- d) If you are not working or your legal parent, guardian or spouse cannot show wages or documented information concerning the receipt of nontaxable income (i.e., social security, welfare, or veteran's benefits) linked to a Nevada address to support expenses, CSN must assume that your primary purpose for living in Nevada is to attend school and that you are receiving support from outside sources, thereby making you an out-of-state student.
- e) You cannot be reclassified as a resident for tuition purposes if you file taxes in another state or if your parents claim you on their taxes and they live out of state.
- f) CSN reserves the right to request additional documentation when deemed appropriate.
- g) While waiting for a residency decision, the student is not exempt from paying tuition and fees indicated in the MyCSN account, nor is exempt from the consequences of such non-payment. Avoid getting dropped from classes or having to pay partial fees after getting dropped by meeting payment deadlines specified in the semester calendar.
- h) Date of matriculation means the first day of instruction in the semester or term in which enrollment of a student first occurs.
- i) Residency decisions are sent to the student's MyCSN Communication Center and to the email address captured in MyCSN.
- j) **No residency decision shall be retroactive:** Granting of in-state student status will apply to the semester you are applying for and to future semesters.

SECTION III: ALL INCLUSIVE RESIDENCY CATEGORIES

Both current and new students are eligible to apply for Nevada residency under A thru G categories.

RESIDENCY CATEGORY		REQUIRED DOCUMENTS	OFFICE USE ONLY	
A <input type="checkbox"/>	Nevada high school graduate (Excludes Certificate of Attendance, High School Equivalency GED, and HSE Test)	<input type="checkbox"/> Copy of the student's Nevada high school diploma or final transcript indicating date of graduation	Yes	No
B <input type="checkbox"/>	Student established residency at another NSHE institution – UNLV, UNR, GBC, TMCC, NSC, or WNC	<input type="checkbox"/> Official document from NSHE institution indicating student's Nevada residency status	Yes	No
C <input type="checkbox"/>	Teacher (or spouse or dependent) employed full time by a private elementary, secondary, or postsecondary institution with curricula meeting requirements per NRS 394.130	<input type="checkbox"/> Copy of the teacher's current employment contract If applying as the spouse or dependent student, also provide: <input type="checkbox"/> Copy of student's birth certificate, adoption papers, legal guardianship, marriage license, or registered domestic partnership <input type="checkbox"/> Proof of parent/legal guardian/spouse filing of Federal Income Tax Return for the most recent tax year listing applicant as a spouse or dependent	Yes	No
D <input type="checkbox"/>	Currently employed NSHE professional or classified employee (or spouse or dependent), postdoctoral fellow, resident physician, or resident dentist working at least <u>half time</u>	<input type="checkbox"/> Copy of current NSHE employment contract If applying as the spouse or dependent, also provide: <input type="checkbox"/> Copy of student's birth certificate, adoption papers, legal guardianship, marriage license, or registered domestic partnership <input type="checkbox"/> Proof of parent/legal guardian/spouse filing of Federal Income Tax Return for the most recent tax year listing applicant as a spouse or dependent	Yes	No

E <input type="checkbox"/>	Licensed educational personnel (or spouse or dependent) employed <u>full time</u> by a public school district in the State of Nevada	<input type="checkbox"/> Copy of current full-time employment contract If applying as the spouse or dependent, also provide: <input type="checkbox"/> Copy of birth certificate, legal guardianship, marriage or domestic partner certificate <input type="checkbox"/> Proof of parent/legal guardian/spouse filing of Federal Income Tax Return for the most recent tax year listing applicant as a spouse or dependent	Yes No Yes No Yes No
F <input type="checkbox"/>	Member of the U.S. Armed Forces or Nevada National Guard on active duty (or spouse or dependent) stationed in Nevada as a result of a permanent change of duty station pursuant to military orders	<input type="checkbox"/> Copy of military identification and military orders If applying as the spouse or dependent, also provide: <input type="checkbox"/> Copy of student's birth certificate, adoption papers, legal guardianship, marriage license, or registered domestic partnership	Yes No Yes No
G <input type="checkbox"/>	Member of a Native American tribe currently residing on tribal land located wholly or partially within the boundaries of Nevada	<input type="checkbox"/> Proof of bloodline or tribal enrollment card <input type="checkbox"/> Documentation proving domicile on tribal lands within Nevada	Yes No Yes No

SECTION IV: REMAINING RESIDENCY CATEGORIES

Select the **ONE** financial category you fall under:

- **Financially Independent** – You, the applicant, filed taxes in the State of Nevada in the most recent tax year, earned wages or received nontaxable income (i.e., social security, welfare, disability or veteran's benefits) linked to a Nevada address and was not claimed as a dependent for Internal Revenue federal income tax purposes by another person.
- **Financially Dependent** - Your legal parent, guardian or spouse (defined as your partner in legal marriage or registered domestic partnership) filed taxes in the State of Nevada and claimed you as dependent or received nontaxable income linked to a Nevada address (i.e., social security, welfare, disability or veteran's benefits).

SECTION IV. PART 1 – FINANCIAL STUDENT STATUS

<input type="checkbox"/> FINANCIALLY INDEPENDENT STUDENT Provide TWO (THREE if under 24 yrs. of age) of the following documents with application. Place a checkmark next to documentation accompanying your application. (NOTE: 24 yrs. age cut-off is separate and unrelated to federal student aid regulations). Applications missing required documentation will not be accepted: NO EXCEPTIONS.		OFFICE USE ONLY
<input type="checkbox"/> Student's signature on <i>Declaration of Intent of Nevada Residency</i> .	Yes No	
<input type="checkbox"/> Copy of applicant's most recent year tax return transcript with NV address. If no federal tax return has been filed because of minimal or nontaxable income, you must submit 12 consecutive months of documented information prior to the date of matriculation concerning the receipt of such nontaxable income (i.e., social security, welfare, disability or veteran's benefits). NOTE: If you are not working and cannot show wages or documented information concerning the receipt of nontaxable income linked to a Nevada address to support expenses, CSN must assume that your primary purpose for living in Nevada is to attend school and that you are receiving support from outside sources, thereby making you an out-of-state student.	Yes No	
<input type="checkbox"/> If applicant is under the age of 24 applying as financially independent: Must include copy of the parent's or legal guardian's tax transcript for the most recent tax year showing the student was not claimed as dependent.	Yes No	

<input type="checkbox"/> FINANCIALLY DEPENDENT STUDENT Provide all THREE of the following documents with application. Place a checkmark next to documentation accompanying your application. Applications missing required documentation will not be accepted: NO EXCEPTIONS.		OFFICE USE ONLY
<input type="checkbox"/> Student and legal parent, guardian, spouse, or registered domestic partner signature on <i>Declaration of Intent of Nevada Residency</i> .	Yes No	
<input type="checkbox"/> Copy of legal parent, guardian, spouse, or registered domestic partner most recent year tax return transcript with NV address indicating student applicant as dependent. If no federal tax return has been filed because of minimal or nontaxable income, you must submit 12 consecutive months of documented information prior to the date of matriculation concerning the receipt of such nontaxable income (i.e., social security, welfare, disability or veteran's benefits). NOTE: If your legal parent, guardian or spouse/domestic partner cannot show wages or documented information concerning the receipt of nontaxable income linked to a Nevada address to support expenses, CSN must assume that your primary purpose for living in Nevada is to attend school and that you are receiving support from outside sources, thereby making you an out-of-state student.	Yes No	
<input type="checkbox"/> Copy of student's birth certificate, adoption papers, legal guardianship, marriage license, or registered domestic partnership.	Yes No	

SECTION IV. PART 2 – NEW or CURRENT Student Status: Select the ONE Residency Category You Fall Under

NEW STUDENT

Anyone who plans on attending CSN but has not started classes.

H	<p>Financially Independent:</p> <p><input type="checkbox"/> Provide any <u>ONE</u> of the documents listed below regarding <u>self</u> if you filed as financially independent:</p>
I	<p>Financially Dependent:</p> <p><input type="checkbox"/> Provide any <u>ONE</u> of the documents listed below regarding your <u>parent, guardian, spouse, or registered domestic partner</u> if you filed as financially dependent:</p>

Applications missing required documentation will not be accepted – NO EXCEPTIONS

		OFFICE USE ONLY	
<input type="checkbox"/>	Copy of Nevada vehicle registration dated 12 consecutive months prior to date of matriculation.	Yes	No
<input type="checkbox"/>	Copy of Nevada voter registration dated 12 consecutive months prior to date of matriculation.	Yes	No
<input type="checkbox"/>	Copy of valid Nevada driver’s license or Nevada identification card dated 12 consecutive months prior to date of matriculation.	Yes	No
<input type="checkbox"/>	Copy of selective service registration issued at least 12 consecutive months prior to date of matriculation with a Nevada address listed on it.	Yes	No
<input type="checkbox"/>	Copy of pay stubs for 12 consecutive months prior to date of matriculation.	Yes	No
Copy of evidence of Nevada as the primary residence in the form of any of these:			
<input type="checkbox"/>	Copy of home mortgage indicating a Nevada address dated 12 months prior to date of matriculation.	Yes	No
<input type="checkbox"/>	Copy of lease agreement indicating a Nevada address dated 12 months prior to date of matriculation.	Yes	No
<input type="checkbox"/>	Copy of official rent receipts for 12 consecutive months prior to date of matriculation indicating a Nevada address.	Yes	No
<input type="checkbox"/>	Copy of utility bills for 12 consecutive months prior to matriculation indicating a Nevada address.	Yes	No
<input type="checkbox"/>	Copy of property tax payment in Nevada going back at least 12 months prior to date of matriculation.	Yes	No
<input type="checkbox"/>	Copy of evidence of admission to a licensed practicing profession in Nevada dated 12 months prior to date of matriculation.	Yes	No
<input type="checkbox"/>	Copy of evidence of active banking accounts (savings/checking) in a Nevada financial institution for at least 12 consecutive months prior to date of matriculation.	Yes	No
<input type="checkbox"/>	Copy of evidence of relocation to Nevada for the primary purpose of permanent full-time employment in the form of: either a letter from employer in Nevada on company letterhead verifying full time status along with current paystub <u>or</u> a copy of active business license with proof that the business is operational.	Yes	No

OFFICE USE ONLY

SEMESTER: _____ Approved Denied

Signature

Date

Notification sent to student

Date