

CUNY RESIDENCY FORM: Part A

				Semester: _			
1.	Last Name		First Name		MI		
2.	SS#	Date of Birth	P	hone #			
3.	Are you a U.S. citizen?	Yes No	Are you a perma	anent resident alien?	Yes No		
	Are you here on a visa?	Yes No	Type:	Expiration Date	e:		
4.	Did you attend a New York high school for two or more years, and graduate from that high school?						
	Yes No If yes, high school name and location						
	Period of Attendance		G	raduation Date			
5.	Do you have a GED issu	ed by New York State?Yes	s No D	ate Issued			
PL	EASE NOTE:						
•	If you are a U.S. citizen, permanent resident alien, or have a visa type eligible to qualify for resident tuition you must complete Part C of this Residency Form. Please refer to the instructions to complete this form for a comprehensive list of eligible visa types.						
•	have filed an application	o question 4 or 5 above and to legalize your immigration ou must complete the affi	ion status or will file	such an application	as soon as you		
TO	BE COMPLETED BY A	LL STUDENTS					
•••	I certify that all informat true and correct to the be	ion provided and all stater est of my knowledge.	ments made in all se	ctions of this Resid	ency Form are		
•••	I understand that if I provide false information or withhold relevant information in order to obtain the resident tuition rate, The City University may revoke its determination of in-state residency, and that I will owe non-resident tuition to the University for each semester or session that I have attended under these circumstances. I also understand that I may be subject to disciplinary action.						
ST	UDENT SIGNATURE			DATE			

PLEASE NOTE:

- The college will not review any residency determination unless the request for the review is made, and all the required documentation is submitted, during the semester for which resident tuition is being sought.
- If the College finally determines that you are non-resident, you may appeal by notifying the Registrar's Office (or other designated college appeal office) in writing within ten days of the adverse decision. At that time you may submit a statement indicating why you disagree with the College's decision. The Registrar (or other designated official) will submit the City University Residency Form, copies of all documentation provided by you and any statement made by you, along with the College's determination, to the University's Office of the Vice Chancellor for Legal Affairs and General Counsel which will render a decision on your appeal.



CUNY RESIDENCY FORM: Part B

Affidavit of Intent to Legalize Immigration Status

	, being duly sworn, deposes and say	s that he/she does not
(Student's Name)		
currently have lawful immigration status	s but, has filed an application to legalize his	s/her immigration status or
currently have lawful immigration status but, has filed an application to legalize his/her immigration status or will file such an application as soon as he/she is eligible to do so. Student's Signature)		
(Student's Signature)		
Sworn to me this	day of the month of	,20
	, State of New York, County of	



CUNY RESIDENCY FORM: Part C

Semester:

A. Last Name	First Name	N 41				
1. Last Name	First Name	MI				
2. Social Security #						
3. a). Current Address	City State	7:				
b). Live with parents? Yes N	·	Zip				
,	o Describe relationship:					
c). Live with other relatives?	o Describe relationship.					
d). Live with non-relatives? Yes N	o Describe situation:					
working backwards to include temporary addre	e past 12 months, starting from your current addresses and summer addresses.	ess and				
From: To: (MM/DD/YYYY)	Street					
	City State	Zip				
From: To:						
From: To: (MM/DD/YYYY)	Street					
	City State	Zip				
From: To: (MM/DD/YYYY)						
(MM/DD/YYYY) (MM/DD/YYYY)	Street					
	City State	Zip				
4. a). Parents' permanent address						
4. a). Larents permanent address	Street					
	City State	Zip				
b). If you are under the age of 18, does anyone other than your parents serve as your legal guardian? Yes No						
c). If yes, what is their name and address?						
	Last Name First Na	me				
	Street					
	City State	Zip				
for living a locustrate	ast June – August period is different from 4a, plea	se give reason				

EN	MPLOYER	ADDRESS	FROM	то	
_		- <u> </u>			
	b). What is the source of your sup	oport?			
6.	d). Did you file a Federal income	esident income tax return during the past 12 months? tax return during the past 12 months? ng in New York City or New York State?	Yes	. No	
7.	Have you applied for any financial aid, scholarships, or other benefits provided under the laws of the State of New York or the United States? If yes, specify and indicate what benefits you are receiving				
8.	Do you presently intend to permanently live in New York City or New York State? Yes No If uncertain, please explain				
9.		u have any explanation you wish to present as a reason for not submitting any of the required ments supporting residency determination? Yes No			
10	Residency Form you wish to pres City/State for City University tuitio	er than the items indicated on the attached instructions ent in support of your application to be declared a reson purposes? attach relevant documents	sident of York Yes	. No	

5. a). Below, please list all full-time and part-time employment during the past 12 months, starting with the most current and working backwards to include summer employment and voluntary activities.