



REGISTRAR'S OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7566 | www.uaccm.edu

APPLICATION FOR IN-STATE RESIDENCY

In accordance with the Arkansas Department of Education policy, in order to be eligible for classification as an in-state resident (and be charged the in-state tuition rate), you must be a legal resident of Arkansas. This means you must be a U.S. Citizen or have Permanent Resident Alien status and meet at least one criteria below. **Mere physical presence in Arkansas is not sufficient to establish residency or demonstrate future intent.** Please check all that apply, and provide supporting documentation as proof.

- I have lived in the state of Arkansas as a non-student for at least six consecutive months immediately preceding the first date of the semester.
- I am married to a legal resident of Arkansas.
- I am a dependent student (under the age of 21) and my parent/legal guardian is a legal resident of Arkansas
- I am an independent student (over the age of 21, married, parent of a minor child, or legally emancipated minor) and by good faith acts have demonstrated my intent to make Arkansas my permanent home.
- I (or my parent/guardian or spouse) am a member of the U.S. military stationed in Arkansas pursuant to military orders.

Supporting documentation may include but not limited to: Arkansas driver's license (issued at least six months prior to registration); marriage licenses; personal property tax from previous year; deed from purchase of a home; copy of lease; military ID, orders and or LES.

Student Name: _____ **Student ID No.** _____

Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

_____ (City) (State) (Zip)

Home Phone No.: _____ **Cell Phone No.:** _____

E-Mail Address: _____ **Marital Status:** _____

Parent/Guardian Name (if under 21) **or Spouse Name** (if applicable): _____

Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

_____ (City) (State) (Zip)

Please include a statement below to justify your request for in-state classification: _____

Signature: _____ **Date:** _____
(Student)

OFFICIAL USE ONLY:

Term: _____ **Residency Status:** In-State Out-of-State

Student Notified of Decision By: Phone E-Mail U.S. Mail In Person

Signature: _____ **Date:** _____