THANK YOU IN ADVANCE FOR YOUR COOPERATION

PROCEDURES

REQUIREMENTS FOR UNDERGRADUATE IN-STATE RESIDENCY PETITIONS

INCOMING FIRST TIME FRESHMAN AND TRANSFER STUDENTS ONLY

1. The student must complete and submit the attached Residency Application to the Jackson State University Undergraduate Admissions on or before the last day to complete registration for the semester applying, and
   1a. Students 22 years of age or older must provide the items listed below and must not reside on campus
   1b. Students 21 years of age or younger must provide a full birth certificate providing name(s) of parent(s), and must provide the items listed below on qualifying parent or court appointed legal guardian and must provide a copy of the legally filed court decree appointing such legal guardian. Also, students 21 years of age or younger may reside on campus

2. The student must provide proof of a place of domicile in Mississippi for the past 12 months before the semester begins including a copy of a lease, a deed, or rent receipts, with the legible student’s name and the legible landlord’s name on the same, or a landlord’s notarized statement of the student’s residency (on letterhead paper), and

3. The student must provide proof of Mississippi voter’s registration (a copy of the student’s voter’s registration card or approved voter’s registration application), and

4. The student must provide and one of the following:
   A. student’s Mississippi drivers license or Mississippi ID, or
   B. proof of the student’s employment for at least one year in Mississippi, or
   C. proof of the student’s local Mississippi bank account statement
   D. Mississippi utility bill (electric, water or gas)

ALL REQUIRED DOCUMENTS MUST BE DATED ONE YEAR PRIOR TO APPLICATION
MISSISSIPPI IN-STATE RESIDENCY STATUS CHANGE APPLICATION

Name ________________________________

Sex □ Male □ Female

Social Security No. __________________ Telephone No. (______) _______ ( ) __________

Local Address ________________________________

STREET NUMBER AND NAME __________________________

CITY _______ STATE _______ ZIP CODE __________________________

Date of Birth _______ Place of Birth _______ CITY _______ STATE _______

Classification: Freshman _______ Sophomore _______ Junior _______ Senior _______

Date of First Enrollment at Jackson State University _______ SEMESTER _______ YEAR _______

If you have not reached the age of 21:

Are your Parents _______ Legal Guardians _______ Spouse _______ residents of the State of Mississippi? Yes _______ No _______ Are you choosing to enter a plea of Mississippi In-State Residency based on their residency status? Yes _______ No _______

Please attach copies of your Own or your Parents or your Legal Guardians or your Spouse's proof of evidence material to support your Mississippi In-State Residency Status Change Application as outlined in item 1-4 in the Residency Application Brochure.

WARNING: I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF INFORMATION WILL CAUSE MY IN-STATE RESIDENCY APPEAL TO BE REVOKED.

STUDENT'S SIGNATURE __________________ DATE __________

If your In State Residency is approved, your financial aid will be repackaged based on the In State cost of attendance.