

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

OFFICIAL ACTION: APPROVED _____ SEMESTER _____ DISAPPROVED _____
 HELD FOR FURTHER ACTION _____
 LACKS: Item 1 _____ Item 2 _____ Item 3 _____ Item 4 _____
 App./deadline Lease, rent rec., etc. Voter's reg. MS. license, bills, etc.

JACKSON STATE UNIVERSITY
 1400 John R. Lynch Street
 Post Office Box 17330
 Jackson, Mississippi 39217
 Telephone 601-979-2100; 800-848-6817
 Website: www.jsums.edu

MISSISSIPPI IN-STATE RESIDENCY STATUS CHANGE APPLICATION

Name _____

Sex Male LAST FIRST MIDDLE
 Female

Social Security No. _____ Telephone No. (_____) _____
AREA CODE

Local Address _____
STREET NUMBER AND NAME

_____ CITY STATE ZIP CODE

Date of Birth _____ Place of Birth _____
MONTH DAY YEAR 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.