## ALL REQUIREMENTS MUST BE MET BY THE FIRST DAY OF CLASSES

DEADLINE FOR SUBMISSION OF PETITION

PLEASE PRINT OR TYPE

## PETITION FOR IN-STATE TUITION CLASSIFICATION



Semester	
Year	

Instructions: Please answer all questions completely, using "none" or *N/A* for those questions which do not apply to your situation. If you need more space or wish to make a further statement, feel free to attach pages, clearly indicating the subject of each addition. Submit the petition to the appropriate office well in advance of the term for which the request is being made.

PETITIONER NAME:				Student ID:						
DATE OF BIRTH:				Telephone number:						
Emai	1:							Age:		
		• '	,				s. Provide inclusive month/year to ble, parent's home, school, emplo		nce inclu	ding
From	To F	resent Address:								
/		City	State	Zip	Reason					
From	To F	Present Address:								
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		Present Address:								
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YES NO YES NO YES NO	4. Are	you married to a N	lew Mexico	resident?	? Name of spo	use:	dency, thereby relinquishing resi			
From	То	Institution				Cit <sub>.</sub>	y/State	Cl	assified a F	1
									YES YES	NO NO
YES NO		•		_			New Mexico GED? If yes, list and Graduation Date:	•	d graduat	
7. List all employer's addresses ar		lresses and	dates of e		the p	previous year.	State ET D.	rman oo4		
From	To	Employer			City			State FT Pe	rmanent	

tify that the above is true and correct to the best of my knowledge. I am aware that the institution may cancel my admission or registration false or misleading statement on this petition and assess retroactive tuition and fees.	8. Did your pare	ents or legal guardian claim you as a dependent on fede	eral tax returns in the immediately preceding tax year?
false or misleading statement on this petition and assess retroactive tuition and fees.			
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