RESIDENCY RE-CLASSIFICATION
NON-RESIDENT ARIZONA TEACHER WAIVER

All students must submit this original hard copy completed petition via USPS Priority, FedEx, or UPS by the deadline to: Student Service Center
Student and Academic Services Building, Room 103
1100 S. Beaver Street, #4050
Flagstaff, AZ 86011-4050
Phone: (928) 523-6464

General Information
This form is designated specifically for students enrolled in courses for Arizona State Board of Education teacher certification and who meet the following:

- Domiciled in Arizona and follow all state laws regarding intent to be an Arizona Resident, and
- Contracted full-time teacher or full-time non-certified classroom aide in a public school district in Arizona or private school that requires teachers to hold Arizona teacher certification, and
- Enrolled in NAU courses required for the completion of certification by the State Board of Education to teach in the state of Arizona.

Regulations
- An individual must establish residency in Arizona before they are entitled to pay resident tuition rates.
- Residency classification for tuition purposes is determined by the university in accordance with the Arizona Legislature (ARS15-1801 to 1807) and Board of Regents Policy (ABOR 4.201 to 208).
- Regulations for residency apply to all public universities in the State of Arizona. Tuition classification as a resident at an Arizona community college does not mean that a student will be classified as a resident when transferring to a state-funded Arizona university.
- All requirements for residency as outlined in this waiver, petition, or affidavit must be met to receive residency status for tuition purposes.
- All non-resident tuition and fees are due within stated policy and deadlines until residency status is approved.

Deadlines
Failure to file a complete a petition or affidavit within the deadlines stated at http://nau.edu/ssc/arizona-residency/ is considered a waiver of the right to file for the current term, and is not the basis for appeal. Students may only submit petitions or affidavits for residency and appeal any decisions once during a term.

- Normal processing time for completed petitions is fifteen (15) business days. If additional information is needed, the process may be delayed.
- No extensions of payment deadlines are granted on the basis of unresolved residency status. A refund of fees will be issued, if necessary, upon approval of resident status.
- The burden of proof rests with the student. Evidence must be submitted to support all responses given in this petition or affidavit.
- Students with a denied petition or affidavit may appeal the decision to the Residency Appeals Committee within stated deadlines at http://nau.edu/ssc/arizona-residency/. Appeals received after the deadline will not be accepted.
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Instructions
Respond to all questions and statements and provide copies of all documentation requested. Failure to do so will delay processing of this waiver and may be interpreted as evidence of non-residency. Submit hard copies of this waiver and supporting documents to the Student Service Center.

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<thead>
<tr>
<th>REQUIRED DOCUMENTATION</th>
<th>PROVIDED</th>
<th>NOT PROVIDED</th>
<th>NOT APPLICABLE</th>
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<tr>
<td>Evidence of ABOR teacher waiver requirements</td>
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<td>• Arizona driver’s license OR learner’s permit OR ID card</td>
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<td>• Verification of Teacher Certification Courses signed by the NAU College of Education</td>
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<td>• Current employment contract from a public, charter, or private school district in Arizona requiring Arizona State Board of Education certification. Must indicate full-time teacher contract or full-time noncertified classroom aide.</td>
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Missing documentation Explanation
If you are not submitting the required documents, please indicate in the space below why the documents are not being provided. Attach a separate page if additional space is needed.

Additional Information
Please use the space below to provide any additional information you would like to include in support of your petition. Attach a separate page if additional space is needed.
Verification of Courses - Completed by NAU College of Education

STUDENT NAME: ________________________________________________

STUDENT NAU I.D.: _____________________________________________

TEACHER CERTIFICATION PROGRAM: ______________________________

Per ABOR 4-203.B.4., resident tuition will be assessed if “the individual is an employee of a public, charter, or private school district in Arizona that requires Arizona State Board of Education certification, and is under contract to teach on a full-time basis, or is employed as a full-time non-certified classroom aide at that school. The student/individual is eligible to pay in-state tuition only for courses necessary to complete the requirements for certification by the State Board of Education to teach in an Arizona school district.

I hereby verify that the above student is required to complete the coursework listed for Arizona State Board of Education teaching certification:

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<tr>
<th>Course Number/Prefix</th>
<th>Course Title</th>
<th>Credit Hours</th>
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_________________________  __________________________
Dean or Dean’s Designee  Title

_________________________
Printed Name

Please contact the NAU Student Service Center at (928) 523-6464 with any questions.
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Student/Applicant Information

NAU ID # _____________________  □ Undergraduate  □ Graduate

☐ Fall  ☐ Spring  Year _______

Full Legal Name ___________________________ E-mail Address ___________________ Phone __________________

Complete Mailing Address ______________________________________________________________

Street __________________________________ City __________________ State ______ Zip __________

AZ School District where Employed ______________________________________________________

Are you a US Citizen?  If No, do you have a current visa?  If Yes, what type of visa?

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Student/Applicant Certification

I certify that all statements, information, and evidence presented are true and complete. I understand that if am found to have made a false or misleading statement concerning domicile or tuition status, I will be subject to dismissal from the university and be held responsible for the payment of any tuition amounts that would have been charged but for the false or misleading statement (ABOR 4-208B). I hereby grant permission for NAU representatives to verify any supporting evidence submitted with this waiver, petition, or affidavit.

Signature (sign in the presence of Notary Public) ___________________________________________

Applicant signature ____________________________________________________________________

Subscribed and sworn before me on this _____ day of ________________, 20____.

State of __________________________ County of ________________________________

Notary Name (print) ________________________________________________________________  (Notary Seal)

Notary Signature ________________________________________________________________ my commission expires: ____________