This form is designated for Deferred Action for Childhood Arrivals Students.

**ABOR Statement on In-State Tuition for DACA Students**

The Maricopa County Superior Court has ruled that a Deferred Action for Childhood Arrivals (DACA) recipient who presents an employment authorization document and who meets Arizona law residency requirements is eligible for resident tuition (State of Arizona v. Maricopa County Community College District). The Arizona Board of Regents will interpret its policies in accordance with this ruling. This will allow DACA students with an Employment Authorization Document who meet the statutory and policy requirements for residency to establish in-state residency for tuition purposes at our Arizona universities.

- **NEW OR TRANSFER STUDENT**
  - **(NEWLY ADMITTED)**
  - **FALL 2015 term**
  - Submit this petition by the deadline to:
    - Office of Undergraduate Admissions
    - Sechrist Resource Center
    - Sechrist Hall Building 42
    - P.O. Box 4084
    - Flagstaff, AZ 86011-4084
    - Phone: (928) 523-5511

- **CONTINUING UNDERGRADUATE STUDENT**
  - **(CURRENTLY ENROLLED)**
  - **FALL 2015 term**
  - Submit this petition by the deadline to:
    - Office of the Registrar
    - Gammage Building 01, Room 112
    - P.O. Box 4103
    - Flagstaff, AZ 86011-4103
    - Phone: (928) 523-5359

- **GRADUATE STUDENT**
  - **FALL 2015 term**
  - Submit this petition by the deadline to:
    - Office of the Graduate College
    - Ashurst/Old Main Building 11, Room 107
    - 624 S. Knoles
    - Flagstaff, AZ 86011-4125
    - Phone: (928) 523-4348

**NEW OR TRANSFER STUDENT**

**CONTINUING UNDERGRADUATE STUDENT**

**GRADUATE STUDENT**

*First Day to Submit Domicile Affidavit: (Graduate Students may submit petition prior to this date)*

<table>
<thead>
<tr>
<th>16-week and First 8-week courses</th>
<th>Monday – July 6, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>All other session courses</td>
<td>8 weeks prior to the start of the course</td>
</tr>
</tbody>
</table>

*Deadline to Submit Domicile Affidavit*

<table>
<thead>
<tr>
<th>16-week and First 8-week courses</th>
<th>Friday – September 11, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>All other session courses</td>
<td>one calendar day after the course Add/Drop date</td>
</tr>
</tbody>
</table>

*Deadline to File Reclassification Appeal*

<table>
<thead>
<tr>
<th>16-week and First 8-week courses</th>
<th>Friday – October 9, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>All other session courses</td>
<td>2 weeks after the deadline to submit petition</td>
</tr>
</tbody>
</table>

**ANY SECTION LEFT BLANK MAY JEOPARDIZE THE STUDENT'S CASE FOR RESIDENCY.**

- This form must be completed, notarized, and returned to the Residency Classification Office. Submit this affidavit and supporting documents to the appropriate office as indicated above.
- Supporting evidence must be provided as clear and legible photocopies.
- The student will be contacted if the office requires further information.
- The student will be notified of the classification decision by mail.
- *Students may only apply for residency and appeal any decisions once during a term.*
PART I: STUDENT INFORMATION

NAU ID # ____________________________ □ Undergraduate New/Transfer □ Undergraduate Cont. Student □ Graduate

Full Legal Name ____________________________ E-mail Address ____________________________

Complete Mailing Address ____________________________ Street ____________________________ City ____________________________ State ____________________________ Zip ____________________________

Phone Number ( ) ____________________________ Date of Birth ____________________________ Age ____________________________

Place of Birth ____________________________ Date/Location of High School Graduation ____________________________

*Please include High School transcripts with the Affidavit

For what term are you seeking classification as a resident? □ FALL □ SPRING 20________

Check one: □ First-time enrolling student (not previously enrolled) □ Returning student (previously enrolled)
**PART II: DOMICILE INFORMATION - PLEASE COMPLETE ALL THREE COLUMNS**

*Legal guardians must be court appointed for purposes other than gaining in-state tuition and proof of legal guardianship must be submitted.*

<table>
<thead>
<tr>
<th>INFORMATION ON:</th>
<th>INFORMATION ON:</th>
<th>INFORMATION ON:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Father</td>
<td>Mother</td>
</tr>
<tr>
<td>Note: Independent students need to provide documentation on self</td>
<td>Father w/custody</td>
<td>Mother w/custody</td>
</tr>
<tr>
<td></td>
<td>Male guardian *</td>
<td>Female guardian *</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>RESIDENT OF ARIZONA? (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>YOUR HOME (own, lease, rent?)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYED? (full-time, part-time, retired)</th>
<th>EMPLOYER'S NAME AND ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYMENT AUTHORIZATION DOCUMENT (or approved I-797 FORM)</th>
<th>STATE ISSUED IDENTIFICATION CARD or DRIVER’S LICENSE (date &amp; number issued)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STATE TAX (state where you filed resident state tax for the past 2 years)</th>
<th>FEDERAL TAX (address listed on your federal tax form for the past 2 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ARIZONA VEHICLE REGISTRATION (date registered and number)</th>
<th>HIGH SCHOOL ATTENDED (student only) Please include high school transcripts.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Information on both parents is mandatory along with supporting documentation.*
CERTIFICATION

I acknowledge that the information provided has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that anyone making a false or misleading statement concerning his/her domicile may be subject to dismissal from Northern Arizona University. (ABOR Policy 4-208B)

____________________________________________________________  ____________
Signature of Student  Date

(seal)

______________________________
Signature of Notary Public

State of ____________________  County of ____________________
Signed and subscribed before me on this ______________ day of _______________, 20___________

My commission expires: ______________________________
SUPPORTING EVIDENCE FOR DOMICILE AFFIDAVIT

In addition to completing the Arizona Domicile Affidavit, attach as many of the pertinent documents as possible to help assist the Residency Classification Officer in determining your domicile and the dependency of the student.

Evidence of domicile: Submit all relevant evidence for both student and parents. Note: Independent students are required to provide evidence on self.

A. Lease, rental agreement, deed showing proof of address.*
B. Proof of employment (i.e., pay stubs or notarized letter from employer).*
C. Employment Authorization Document (or approved I-797 Form)
D. Copy of State Issued Identification Card or Driver’s License for parent(s) and student*
E. Copy of Arizona Motor Vehicle Registration(s) for all vehicles in your household.*
F. Copy of Arizona State Tax Return for past 2 years.*
G. Copy of Federal Tax Return for past 2 years.*
H. Copy of student’s High School Transcripts
I. Any other material that may provide clear and convincing evidence of Arizona Domicile.

*These documents are mandatory. Provide a statement explaining circumstances for required items not included.

*PROOF OF LEGAL GUARDIANSHIP MUST BE INCLUDED