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
Honorably Discharged Veterans, Retired Military Members, Military Active Duty Members or Veterans using or transferring Chapter 33 (Post 9/11) benefits to Dependent- DO NOT complete this form.
Please contact the Veteran Success Center for further information:
Phone: (928) 523-8387 Email: Veteran.Center@nau.edu Website: nau.edu/veterans

This affidavit is designated for Military Active Duty, Guard, Reserve Members and their Spouses or Dependents.

- **Active Duty Military Member or a Member of the Arizona National Guard or Reserves (or their Spouse/Dependent) Stationed in Arizona:** The individual (member/sponsor) is a member of the United States Armed Forces, Arizona National Guard or Reserves stationed in Arizona pursuant to military orders or is the spouse or dependent child of that individual who is a member of the United States Armed Forces stationed in Arizona pursuant to military orders at the time the spouse or dependent child is accepted for admission.

- **Active Duty Military Member (or their Spouse/Dependent) Stationed outside of Arizona:** The individual (member/sponsor) is a member of the United States Armed Forces stationed outside of Arizona pursuant to military orders or is the spouse or dependent child of that individual and the individual claimed Arizona as their state of legal residence for at least twelve consecutive months prior to the last date of registration in the term of admission.

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 waiver, 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 waiver, petition, or affidavit.
- Students with a denied waiver, 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.
RESIDENCY RE-CLASSIFICATION
MILITARY ACTIVE DUTY AFFIDAVIT

Instructions
Respond to all questions and statements and provide copies of all documentation requested. Failure to do so will delay processing of this petition and may be interpreted as evidence of non-residency. Submit hard copies of this petition and supporting documents to the Student Service Center.

Applicant and Military Member/Sponsor Information
Term and Year  ❑ Fall  ❑ Spring  Year ________

Check All That Apply
❑ Military active duty member/sponsor, OR ❑ Spouse, OR ❑ Dependent
❑ Undergraduate, OR ❑ Graduate

Applicant Information
<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>NAU ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Telephone Number (include area code)</td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Date Present Stay in Arizona Began</td>
</tr>
<tr>
<td>Where Did You Live Before Your Present Stay in Arizona?</td>
<td>From Mo/Yr to Mo/Yr</td>
</tr>
</tbody>
</table>

Military Member/Sponsor Information
<table>
<thead>
<tr>
<th>Name:</th>
<th>Telephone Number (include area code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Address</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Current Duty Station</td>
<td>From Mo/Yr to Mo/Yr</td>
</tr>
<tr>
<td>State of Legal Residence</td>
<td>From Mo/Yr to Mo/Yr</td>
</tr>
</tbody>
</table>

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: _______
Supporting Documents
Per ABOR policy, it is the responsibility of the student to provide objective evidence that shows compliance with current residency requirements. All documentation is subject to the classification officer’s or review committee’s decision as to the weight given, and such officer or committee is the sole judge of the authenticity or truthfulness of any material or statements submitted as supportive evidence. Providing all documentation expedites the review process, but does not guarantee approval.

Select one of the following categories below and check the appropriate box for: provided, not provided or not applicable for all items.

- **Active duty military member stationed in Arizona**
  - Military member’s orders to Arizona OR Enlistment or transfer papers into the Arizona National guard or Arizona Reserves
  - Military member’s U.S. Military ID card**
  - Certification Document for Military Personnel (page 4)
  **Additional documentation needed if student is a military spouse or dependent**
    - Dependent’s U.S. Military ID card**
    - Dependent’s driver’s license OR learner’s permit OR state ID OR U.S. passport
- **Active duty military member claims Arizona as their state of legal residence**
  - Military member’s U.S. Military ID card**
  - Military member’s Arizona state return for the most recent tax year
  - Military member’s Federal tax return for most recent tax year
  - Military member’s W2s from the last two years
  - Military member’s Leave and Earnings Statement’s (LES) from the previous 12 months, including most recent
  - Military member’s DD Form 2058 showing change of legal residence, if applicable
  **Additional documentation needed if student is a military spouse or dependent**
    - Dependent’s U.S. Military ID card**
    - Dependent’s driver’s license OR learner’s permit OR state ID OR U.S. passport

++Any person willfully altering, damaging, lending, counterfeiting, or using these cards in any unauthorized manner is subject to fine or imprisonment or both, as prescribed in sections 499, 506, 509, 701, and 1001 of title 18, United States Code (U.S.C.) (Reference (u)). Section 701 of Reference (u) prohibits photographing or otherwise reproducing or possessing DoD ID cards in an unauthorized manner, under penalty of fine or imprisonment or both. Unauthorized or fraudulent use of ID cards would exist if bearers used the card to obtain benefits and privileges to which they are not entitled. Examples of authorized photocopying include photocopying of DoD ID cards to facilitate medical care processing, check cashing, voting, tax matters, compliance with appendix 501 of title 50, U.S.C. (also known as “The Service member's Civil Relief Act”) (Reference (v)), or administering other military-related benefits to eligible beneficiaries. When possible, the ID card will be electronically authenticated in lieu of photographing the card. In-state tuition is a legal military-benefit related matter, therefore, an authorized reason to photocopy the DOD ID card. NAU policy regarding the requirement to be provided a photocopy of a DOD ID is not in conflict with DOD policy. Rev 02/2016

Missing Documentation Explanation / Additional Information
If you are not submitting the required documents, or have additional information please indicate in the space below why the documents are not being provided. Attach a separate page if additional space is needed.
Certification Document for Military Personnel
(Active duty military member stationed in Arizona ONLY)

Student Name: _______________________________________ Student ID #: __________________

The Arizona Board of Regents policy provides resident status for a student not meeting the domicile requirements if s/he is a military active duty individual, spouse, or dependent child. Recently transferred military personnel must be stationed on an Arizona base prior to the published last day of registration for credit for the term in question.

Directions: Military individual must complete section II. If your spouse or dependent is the NAU student, you must complete both section I and II. Your Commanding Officer will need to complete section III.

I. Certification of Dependent / Spouse Relationship
   Complete this section if in-state residency is requested for your spouse or dependent.

   I certify that ___________________________________________ is my ( ) spouse or ( ) dependent for State / Federal Income Tax purposes.

II. Certification of Eligibility

   I, ________________________________, certify that I am a Member of the Armed Forces of the United States, on Active Duty, or Guard, or Reserve status presently stationed at _____________________________ State of: ___________________. I anticipate no change in my military status or duty station prior to the first day of classes for the term which this application is filed. I request in-state status for (circle one): [ ] Self [ ] Spouse [ ] Dependent

   Date: ___________________________ Signature: ______________________________________

   Print Name: __________________________________________

   Address: ______________________________________________
             ______________________________________________
             ______________________________________________

III. Certification of Commanding Officer

   I certify that the above information concerning military active duty status, duty station and relationship is, to the best of my knowledge and belief, true and correct.

   Date: ___________________________ Signature: ______________________________________

   Print Name: __________________________________________

   Address: ______________________________________________
             ______________________________________________
             ______________________________________________

   City, State and Zip: _____________________________________

   Work Phone: __________________________________________

   Rank and Title: _________________________________________

   Print Name: __________________________________________

   Address: ______________________________________________
             ______________________________________________
             ______________________________________________

   City, State and Zip: _____________________________________

   Work Phone: __________________________________________

   Rank and Title: _________________________________________