INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR CHANGE IN RESIDENCY CLASSIFICATION FOR ADMISSION, TUITION AND CHARGE DIFFERENTIAL PURPOSES

Please *carefully* read the POLICY ON STUDENT CLASSIFICATION FOR ADMISSION AND TUITION PURPOSES and PROCEDURES FOR STUDENT RESIDENCY CLASSIFICATION FOR ADMISSION, TUITION AND CHARGE-DIFFERENTIAL PURPOSES of Morgan State University, which contain residency requirements, procedures and appeal information. The full text of the policy and procedures are available in the University Catalog, online at http://www.morgan.edu/Academics/Academic_Catalogs.htm. I affirm that I have read the policy and requirements for establishing in-state status as well as the information provided below.

Signature	•	Date
•		

Submit the completed petition and all supporting documentation to the following address (faxes not accepted):

Office of the Registrar Morgan State University 1700 E. Cold Spring Lane Baltimore, MD 21251

IMPORTANT INFORMATION REGARDING APPLICATIONS FOR CHANGE IN CLASSIFICATION:

- The application submission deadline is the last published day to register for the semester for which you are seeking in-state status. The
 Office of the Registrar, however, strongly encourages applicants to submit the application well in advance of the late registration
 period.
- Read the application carefully and complete ALL sections of the application that apply to you. Failure to complete all applicable sections of the application and submit ALL required documentation may result in a denial of in-state status.
- Merely matriculating at Morgan State University for at least one year, or more, does not qualify an out-of-state student for in-state status, even if all 9 indicia are met. It must be clear and convincing that an applicant for in-state status is residing in Maryland other than to attend Morgan State University. The classification officer determines this by reviewing a vast number of facts.
- If you cannot provide the required information, you must attach a separate sheet with a clearly written explanation. Do not write in the margins of the application.
- Only one application may be filed per semester.
- Reguests for retroactive changes are not accepted.
- No materials or documentation will be returned after the application is submitted.
- The review of the application and an <u>initial</u> determination of the status may take a substantial period of time, not including subsequent appeals. You will be responsible for non-resident tuition as well as all late fees and finance charges accrued during the entire process.
- If claiming dependence, the person upon whom the student is dependent <u>must</u> have his/her signature notarized. It is the responsibility of the applicant to determine the location of anotary.
- In the cases where affidavits are accepted, they must be typed, dated, notarized, and contain information as specific as possible including dates, addresses, amounts, etc. Please check in advance for instructions.
- Please note: Graduate Assistants who were admitted as out-of-state students are assessed tuition at the in-state rate, **only** as a benefit of their employment. All out-of-state graduate assistants who have met all residency requirements and wish to change their status to in-state must file a timely petition with the Office of the Registrar in accordance with policy requirements.
- Before submitting the completed application we strongly encourage you to obtain a receipt confirming in-person delivery of the application and all supporting materials from the Office of the Registrar. Applications slipped under any door will not be considered. Applications sent to the Office of the Registrar via United States Postal Service (USPS) must use accountable mail for which the sender will receive a receipt. Uncertified materials will not be reviewed or returned.

INSTRUCTIONS:

Section 1: Student Information

This section must be completed by all student applicants for in-state status.

Section 2: Basis for claiming In-State Status

This section must also be completed by all student applicants for in-state status.

Section 3: Income and Expense Information for Student

This section must be completed by all students who indicated either A or B in Section 2. Please be sure to include with your application documentation for all sources of funds you list in this section. Any undocumented sources of funds cannot be considered. In most cases, acceptable forms of documentation are W-2 forms, pay-check stubs showing year-to-date income, financial aid award letters, employer confirmation of employment dates and income on employer letterhead, and employment contracts. The evidence should document any Maryland employment and earnings history through sources beyond those incident to enrollment as a student in an educational institution e.g., beyond support provided by work study, scholarships, grants, stipends, aid, student loans, etc. Note: Tuition costs will be considered as a student expense only to the extent tuition exceeds the amount of any educational scholarships, grants, student loans, etc.

If you are uncertain about your exact expenses, please carefully estimate, however you must be able to explain the basis for your estimate. Your figures regarding rent/mortgage, tuition and fees, utilities, and motor vehicle insurance should be exact; however, if exact figures are not available, please provide an explanation. Please list all employers for the past two (2) years, with specific dates of employment.

Section 4: Student Residency Information

The student applicant must complete Section 4. Please make sure to attach photocopies of all requested documents. Students must complete this section even if claiming financial dependence upon another resident of the State of Maryland.

Section 5: Residency Information for Person upon Whom Student is Financially Dependent

Students who are financially dependent on another person must have that person complete Section 5. Please make sure to attach photocopies of all requested documents.

Section 6: Information Pertaining to Full-Time Active Duty Members of the Armed Forces of the United States or Members of the Maryland National Guard

Please review the residency policy before completing this section.

Section 7: Rebuttal Evidence

This section must be completed by **all** students who indicated "A" in Section 2. Satisfying the requirements listed in paragraphs A through I of Section II of the policy does not rebut the presumption that a student is in Maryland primarily to attend an educational institution. To overcome the presumption, a student must present additional evidence.

To determine a student's intent, the University will evaluate evidence of a student's objectively verifiable conduct. Evidence that does not document a period of at least twelve (12) consecutive months immediately prior to and including the last date available to register for courses in the semester/term for which the student is seeking in-state tuition status is generally considered an unfavorable factor under this policy. Evidence of intent must be clear and convincing and will be evaluated not only by the amount presented but also based upon the reliability, authenticity, credibility, and relevance of the evidence. The absence of objective, relevant evidence is generally considered an unfavorable factor. A student's statement of intent to remain in Maryland in the future is generally not considered to be objective evidence under this policy.

In addition to financial evidence documenting a student's independent status, or dependence upon a Maryland resident, other evidence that may be considered includes, but is not limited to substantial participation as a member of a professional, social, community, civic, political, athletic, or religious organization in Maryland, including professionally related school activities that demonstrate a commitment to the student's community or to the State of Maryland; registration as a Maryland resident with the Selective Service, if male; evidence showing the student uses his or her Maryland address as his or her sole address of record for all purposes including on health and auto insurance records, bank accounts, tax records, loan and scholarship records, school records, military records, leases, etc.; an affidavit from a person unrelated to the student that provides objective, relevant evidence of a student's conduct demonstrating the student's intent to live permanently in Maryland.

Section 8: Affirmation of Applicant and, if Dependent, of the Person upon Whom Student is Financially Dependent

The student applicant must sign this section but a notarized signature is not required. A NOTARIZED signature is required of the person upon whom the student applicant is financially dependent.

MORGAN STATE UNIVERSITY APPLICATION FOR CHANGE IN RESIDENCY CLASSIFICATION FOR ADMISSION, TUITION AND CHARGE DIFFERENTIAL PURPOSES

DIRECTIONS: This form is intended for use by those who seek a change in residency classification or by those whose status cannot be determined from the information submitted with the application for admission. THE DEADLINE for which conditions for in-state classification must be met is the last published day to register for the semester for which in-state status is being sought. Only one application for change in status may be filed per semester. All applicants must complete Section 1 (Student Information), Section 2 (Basis for claiming in-state status), and Section 8 (Affirmation). Other sections to be completed are indicated in Section 2. **Please provide documentation whereappropriate/required.**

ATTACHMENTS: Please be advised that the Office of the Registrar will be unable to accept your petition for in-state status if copies of requested documents are not provided with your application.

Incomplete applications with questions omitted or not having the required documentation will not be evaluated.

SECTION 1: STUDENT INFORMATION (To be completed by Applicant/Student)

Prog	ram (pleas	se chec	k one): 🗖 l	Jndergrad	uate \square G	iraduate			Are you currently registered? Yes	. □ No
Sem	ester & Ye	ar Admi	tted:	_						
Curre	ent Class :	Status:	Freshma	an \square So	phomore	□Ju	unior	□ Senior	☐Graduate	
(1)	Name:	Mr Ms			First		MI	(2)	Student Identification #:	
(3)	Address:							(4)	Date of Birth(mm/dd/yy):	
					Street			(5) (6)	Home Telephone:	
				City	State	Zip		(0)	Buyumorocarrelophone.	
(7)	Semeste	r/Year	ofPetition:					(8)	E-Mail:	
(9)	Have you	filed an	in-state resi	idency apr	olication be	efore? \square	Yes □No	If yes, indicate	semester and year:	
(10)	Are you f	inancia	lly depender	nt upon an	other pers	on? 🔲	Yes 🗖 No	0		
	a) If ye	es, nam	e of person ι	upon whon	n you are f	inancially	dependent	(i.e. person who l	nas claimed you on their most recent tax retur	n):
	b) Is th	nis pers	on a Marylar	nd Resider	nt?		Yes □N	lo		

SECTION 2: BASIS FOR CLAIMING IN-STATE STATUS (To be completed by Applicant/Student) Check only one:

A.	I am seeking in-state status because I am a permanent Maryland resident. Complete sections 3, 4, 7, and 8. In addition, if you answered yes to question (10)(b) in Section 1 (above), that person must complete section 5.
B.	I am seeking in-state status because I am a full-time or part-time (50%) regular employee of a Morgan State University, or the spouse or financially dependent child of such an employee. Complete Section 8 and provide verification of employment. If you are a spouse or financially dependent child of an employee, provide documentation, i.e., marriage certificate, birth certificate, or court order of adoption, and a copy of the most recent federal and state income tax returns of the person upon whomdependent.
c.	I am seeking in-state status because I am a full-time member of the U.S. Armed Forces, residing or stationed in Maryland, or whose home of residency is Maryland, or the spouse or dependent child of such a member of the armed forces OR I am an active duty member of the Maryland National Guard (MNG) who is stationed, resides or is domiciled in Maryland who joined or subsequently serves in the MNG to provide a Critical Military Occupational Skill or to be a member of the Air Force Critical Specialty Code as determined by the MNG. Complete Sections 6 and 8 and provide requested documentation. If you are a spouse or financially dependent child of a full-time member of the U.S. Armed Forces, provide documentation, i.e., marriage certificate, birth certificate, or court order of adoption, and a copy of the most recent federal and state income tax returns of the person upon whom dependent.
(e	. I am an honorably discharged veteran of the United States Armed Forces who resides in or is domiciled in Maryland. Complet election 8 and attach a copy of form DD-214 and two pieces of documentation of residing in or being domiciled in Maryland examples of valid documentation include: copy of lease or deed in Maryland, copy of certified state tax return, Maryland river's license, Maryland voter registration, Maryland motor vehicle registration, utility or bank statements).
Uı	A veteran who resides in Maryland and was discharged after serving 90 days or more on active duty, who enrolls at Morgan State niversity within 3 years of discharge, and is pursuing a program of education with educational assistance under 38 U.S.C. §3001 or 38 .S.C. §3301
at	I am a graduate assistant appointed at the University (qualified for the semester/term of appointment). Complete Section 8 and stach a letter of confirmation from your academic department and a completed remission of fees form from your academic epartment indicating beginning and ending dates of appointment.
§1	. I am the son or daughter of a State or Maryland county public safety employee who is eligible for a scholarship in accordance with 18-601(d)(3)(iii) of the Education Article of the Annotated Code of Maryland which provides a scholarship for the offspring of a public afety employee killed in the line of duty. Complete Section 8 and provide documentation of eligibility .
N: re by cc ca at cc re C: 2) th	I am an undocumented immigrant individual (not including non-immigrant aliens within the meaning of §1101(A)(15) of the Aliens and ationality Title of the United States Code) who has attended a community college not earlier than the 2010 fall semester and met the equirements of §15-106.8(B)(2011) of the Education Article of the Annotated Code of Maryland; was awarded an associate's degree of achieved 60 credits at a community college in the State; can provide the University with a copy of the affidavit submitted to my community college that I will file an application to become a permanent resident within thirty (30) days after I become eligible to do so; an provide the University documentation that I or my parent or legal guardian has filed a Maryland income tax return annually while I tended community college in the state, annually during the period, if any, between graduation from or achieving 60 credits at a community college in the State, and registration at the University; and annually during the period of attendance at the University; and intended; of copy of affidavit submitted to your community college that you will file an application to become a permanent resident within inity (30) days after becoming eligible to do so; 3) certified copies of Maryland tax returns filed by you or your parent or legal uardian while you attended community college in the state and 4) certified copies of Maryland tax returns filed by you or your parent or legal uardian while you attended community college in the state and 4) certified copies of Maryland tax returns filed by you or your parent or legal uardian annually during the period, if any, between graduation from or achieving 60 credits at a community college in the State, and registration at the University, and annually during the period of attendance at the University.

SECTION 3: INCOME AND EXPENSE INFORMATION OF STUDENT (To be completed by Applicant/Student)

Support and Expense Information During the Past Twelve Months

Student's Sources of Funds and Other Support	Total prior 12 months Indicate Dates	Student's Expenses	Total prior 12 months Indicate Dates
Please Be as Spe	cific as Possible	Please Be as Speci	ific as Possible
Self-Generated Income		Rent or Mortgage ³	
Father's Contribution		Tuition and Fees Specify full or part-time/credit hrs.	
Mother's Contribution		Books and Supplies	
Legal Guardian		Food	
Spouse		Transportation4	
Other Person Providing Support		Utilities (Phone, water, electric, etc.)	
Loans ¹		Motor Vehicle Insurance	
Savings		Other Insurance	
Gifts (estimated value)		Clothing	
Trusts		Recreation	
Social Security &/or VA Benefits		Motor Vehicle Payments	
Alimony &/or Child Support		Medical	
Scholarships and Grants ^{1,2}		Dental	
Other (describe)		Miscellaneous (describe)	
TOTAL		TOTAL	

¹ Identify type and source.

List all employers (most recent first) for the past 2 years. Use a separate sheet if necessary.

Name of Employer	Address (City and State)	Period Employed (mm/dd/yy)

[•] PLEASE ATTACH DOCUMENTATION OF ALL SOURCES OF INCOME FOR THE PREVIOUS 12 MONTHS INCLUDING MOST RECENT PAYSTUBS SHOWING YEAR-TO-DATE EARNED INCOME TOTALS FOR EACH EMPLOYER, AND A COPY OF THE STUDENTS' MOST RECENT FEDERAL AND STATE INCOME TAX RETURNS.

² If you receive scholarship or grant funds from a state other than Maryland, indicate state.

³ If you share living quarters with parents, estimate the fair market value of housing costs.

⁴ If you had use of a motor vehicle registered in another person's name, indicate name and relationship.

	Is your primary reason for living in the state of I Please attach a statement regarding t				rectly to Section 8.	
2)	If you were admitted as a freshman or transfer	student, indicate name(s)	and address (s) of high sch	ool(s) attended:		
	Name:					
	Address:					
	Street If this is a public institution, were you	City uassessed In-State	State or Out-of-State	Zip tuition and fee	s while enrolled?	
3)	Did you own or rent and occupy living quarters	s in Maryland during the en	ntire 12 month period prior to	o the deadline?	□Yes □No	
	If no, please attachexplanation.					
	 Please attach a photocopy of your de (front and back of checks) or evidence evidence of residing with a spouse,p. 	ce of payment from your arent or legal guardian.	rental agent for the twel	ve (12) months pric		
			h period prior to the dead			
	Address (Street Address, Cit	y and State)	Dates Owned or Rei	nted and Occupied	(mm/dd/yy)	
5)	Income Tax Information: For the last 2 years prior to the deadline, list the following information regarding federal and state income taxes (if necessary, attach a supplemental sheet):					
	Income Tax Returns Federal	Year(s) Filed				
	State [indicate state(s)]:					
		ed signed and filed fede	ral and state income tay			
	 Please attach copies of your complete for the tax year ending within the 12- did not file income tax, please attach 	month period prior to th		e tax return must b	e a certified copy.	
)	for the tax year ending within the 12- did not file income tax, please attach Motor Vehicle Registration: Do you own or ha	month period prior to the explanation. ve you owned any vehicled	e deadline. State income (s) during the 12 months pr	ior to the deadline?	□Yes □No	
)	for the tax year ending within the 12-did not file income tax, please attach Motor Vehicle Registration: Do you own or har If yes, for each owned motor vehicle, please pr	month period prior to the explanation. ve you owned any vehicled to the following information in the f	e deadline. State income (s) during the 12 months pr	ior to the deadline? supplemental sheet	□Yes □No	
)	for the tax year ending within the 12-did not file income tax, please attach Motor Vehicle Registration: Do you own or hat If yes, for each owned motor vehicle, please pr Year, Vehicle Make & Model State	month period prior to the explanation. ve you owned any vehicled	e deadline. State income (s) during the 12 months pration (if necessary, attach a	ior to the deadline?	□Yes □No): Owned?	
)	for the tax year ending within the 12-did not file income tax, please attach Motor Vehicle Registration: Do you own or hat If yes, for each owned motor vehicle, please pr Year, Vehicle Make & Model State	month period prior to the explanation. ve you owned any vehicled to the following information of Registration(s)	e deadline. State income (s) during the 12 months pration (if necessary, attach a	ior to the deadline? supplemental sheet Currently	□Yes □No): Owned?	
)	for the tax year ending within the 12-did not file income tax, please attach Motor Vehicle Registration: Do you own or hat If yes, for each owned motor vehicle, please pr Year, Vehicle Make & Model State	month period prior to the explanation. ve you owned any vehicle rovide the following information (s) the past 12 months)	e deadline. State income (s) during the 12 months pration (if necessary, attach a Date of Vehicle Purchase	ior to the deadline? supplemental sheet Currently to If not, date ve	Yes No): Dwned? Phicle sold.	
	for the tax year ending within the 12-did not file income tax, please attach Motor Vehicle Registration: Do you own or ha If yes, for each owned motor vehicle, please pr Year, Vehicle Make & Model State (For the second state of the second	month period prior to the explanation. ve you owned any vehicle rovide the following information (s) the past 12 months)	e deadline. State income (s) during the 12 months pration (if necessary, attach a Date of Vehicle Purchase	ior to the deadline? supplemental sheet Currently to If not, date ve	Yes No): Dwned? Phicle sold.	
	for the tax year ending within the 12-did not file income tax, please attach Motor Vehicle Registration: Do you own or har If yes, for each owned motor vehicle, please pr Year, Vehicle Make & Model State (For the State Company of the Stat	month period prior to the explanation. The explanation of the past 12 months of the registration (s) and title the registra	(s) during the 12 months pration (if necessary, attach a Date of Vehicle Purchase	ior to the deadline? supplemental sheet Currently of If not, date very if sold, a photocop	Yes No): Dwned? Phicle sold.	
	for the tax year ending within the 12-did not file income tax, please attach Motor Vehicle Registration: Do you own or har If yes, for each owned motor vehicle, please pr Year, Vehicle Make & Model State (For the State of th	month period prior to the explanation. ve you owned any vehicle rovide the following information for Registration(s) the past 12 months) the registration(s) and titles?	(s) during the 12 months pration (if necessary, attach a Date of Vehicle Purchase	ior to the deadline? supplemental sheet Currently to If not, date ve	Yes No): Dwned? Phicle sold.	
6) 7)	for the tax year ending within the 12-did not file income tax, please attach Motor Vehicle Registration: Do you own or ha If yes, for each owned motor vehicle, please pr Year, Vehicle Make & Model State (For the second state of the second state	month period prior to the explanation. ve you owned any vehicled to vide the following information of Registration(s) the past 12 months) the registration(s) and title are any otherstate?	(s) during the 12 months pration (if necessary, attach a Date of Vehicle Purchase le(s) of all vehicles listed; No If yes, dateiss No If yes, state?	ior to the deadline? supplemental sheet Currently of If not, date verified in the sold, a photocopued:	Yes No): Dwned? Phicle sold.	

(8)	Vot	Voter Registration						
	a)	a) Are you currently registered to vote? \Bullet Yes \Bullet No If yes, in whatstate?						
	b)	b) Have you been registered to vote in any other state during the twelve month period dir deadline? Yes No Please attach a photocopy of your voter's registration of the state during the twelve month period directly deadline?	· ·					
(9)		Have you received public assistance in the twelve months prior to the deadline from a state county or municipal agency other than one in Maryland?	other than the State of Maryland or from a city,					
	lf y	If yes, please indicate source and type of assistance:						
(10)	Ci	Citizenship Status						
	a) •	 a) Are you a citizen of the United States? Yes No (If no, complete b and c, or d or e). If yes, please attach satisfactory evidence of U.S. citizenship (e.g. copy of birth certificate or passport or naturalization certificate). If such forms cannot be photocopied, please bring the original to the Residency Classification Office for inspection. 						
	b)	b) Country of Citizenship:						
	c)	c) Visa Type: Alien RegistrationNumber						
		Date of Issue:Expires: Please attach a photoc	opy of visa.					
	d)	d) Are you a permanent resident?	n Number:					
		Date of Issue: Date of Expiration:						
	•	 Please attach a copy of Permanent Resident Card (front and back) that covers the 	ne entire twelve (12) month period.					
	e)	e) Other (pleaseexplain):						
		Did you own or rent and occupy living quarters in Maryland for the 12 months prior to the d If no, please attachexplanation. Please attach a photocopy of your deed(s) or lease agreement(s) or affidavit as						
		and back of checks-if cancelled checks are not available or applicable, submit twelve (12) months prior to the deadline, or evidence of residing with a spouse,	evidence of payment from your rental agent) for the					
		List residence(s) for the 12-month period prior to t	he deadline.					
		Address (Street Address, City and State) Dates Owned	or Rented and Occupied (mm/dd/yy)					
		Are all, or substantially all, of your possessions (including bank accounts, furniture and pets) If not, please attachexplanation.	in the State of Maryland?					
	If y W-2 ear	Will you claim or have you claimed as a dependent the student seeking in-state status on you during the 12-month period prior to the deadline? Yes No If yes, please attach copies of your completed, signed and filed federal and state inc W-2 forms for the tax year ending within the 12-month period prior to the deadline are earned income totals for each employer. State income tax return must be a certified If you did not file an income tax return, indicate reason:	ome tax returns with all attachments and nd a most recent pay-stub showing year-to-date copy.					

(4)		izenshipStatus								
i	a)	Are you a citizen of the United States?	\square No \qquad (If no, complete b	and c, or d o	re)					
		If yes, please attach satisfactory evidence of U.S. citize certificate. If such forms cannot be photocopied, please	nship. (e.g., copy of birth	certificate or Residency C	passport or naturalization	ion				
	h)	Country of Citizenship:	e bring the original to the	itesidency o	dassincation officer for inspect	1011.				
			Alian DagistrationNumber							
	C)		Alien RegistrationNumber _							
		Date of Issue:Expires:	 Please attach a photoco 	ipy oi visa.						
	d)	Are you a permanent resident? ☐Yes ☐No								
		Alien Registration Number:								
		Date of Issue:	Expiration Date: _							
		 Please attach a copy of Permanent Resident Card 	(front and back) that cover	rs the entire t	twelve (12) month period.					
	e)	Other (pleaseexplain):								
SEC	TIC	ON 6: INFORMATION PERTAINING TO FULL-TIME M	EMBER OF THE ARMED	FORCES	OR MEMBERS OF THE					
MAR	ΥL	LAND NATIONAL GUARD								
F. JI -	T! ~	no Mambar of the LLC Armed Foresa.								
Full-		ne Member of the U.S. Armed Forces: To be completed by the Applicant/Student or person upon who	om the applicant/student is o	lependent)						
	•	. , ,		, ,						
	Na	ame of person completing this section: Last	First		Middle					
	D،	elationship to applicant/student:								
	110	ciationship toapplicant/staucht.								
		All full time active duty members of the LLS Armed Fore	coc: plaaca cubmit a phata	ocopy of your	r most recent orders and a					
	-	All full time active duty members of the U.S. Armed Fore photocopy of your military I.D (front and back).	ces. piease subiliit a prioto	copy or your	i illost recent orders and a					
	 Dependent applicants/students: If the student/applicant is claiming dependence upon a full time active duty mem States Armed Forces, please submit a photocopy of the military dependent's I.D. card (front and back) 									
) Are you a full-time active duty member of the U.S. Armed Fo		□Yes□						
	(2)). Are you precently stationed in Manyland?		□Yes □	¬ _{No}					
	(2	2) Are you presently stationed in Maryland? What is your expected separation date from the U.S. Arme	d Forces?	Lites L	■ INO					
	(3)	Are you presently residingin Maryland?		□Yes □						
	(0,	 Please attach a copy of your lease, deed, or do 	ocumentation of hase hous							
		.,		· ·	-					
	(4)	H) Have you established Maryland as your home of residency?		□Yes □	」 No					
		 Please attach a certified copy of your most rece Maryland as your home of residency. 	ently filed state income tax	return and n	nilitary document showing					
Mary	lar	nd National Guard Members								
	Na	ame of person completing this section:								
		Last	First		Middle					
		 Please submit documentation confirming that (i.e. a photocopy of your most recent Maryland N officer verifying your status with the Maryland Nat 	ational Guard orders or a sig			ing				

SECTION 7: REBUTTAL EVIDENCE

(To be completed by the Applicant/ Student). Please complete all applicable information. Failure to do so indicates that you have chosen not to offer any rebuttal evidence.

Please list all professional, social, community, civic, political, a related school activities that demonstrate a commitment to y supplemental sheet). Please attach a signed statement on least commitment.	your community or to the State o	of Maryland (if necessary	
Activity		Start Date	End Date
2. Please attach evidence of your sole address of record for all precords, loan, and scholarship records, school records, military records.		d auto insurance records	, bank accounts, tax
3. Please attach notarized affidavit(s) from a person(s) unrelate conduct demonstrating the student's intent to live permanently in		ojective, relevant evidend	ce of a student's
SECTION 8: AFFIRMATION OF PETITIONER AND PER person upon whom the student is dependent.)	RSON UPON WHOM DEPEN	DENT (To be complete	d by the Student and/or
I hereby swear and affirm that all information provided in this pand unaltered copies of the original documents requested. I u invalid. If false or misleading information is submitted the Un including suspension or expulsion. I agree to notify Morgan Stamay alter my eligibility for in-state status.	inderstand that failure to includ iversity may, at its discretion, r	e all requested docume evoke in-state status ar	nts will render this petition nd take disciplinary action,
Signature of Petitioner		 Date	
NOTARIZED signature of person upon whom depend	dent.	Date	
(Petition will not be accepted without notarized signature.)			
Sworn to and subscribed before me this	day of		
Characters of Nickey Dublis	My commission expires:_	5 :	
Signature of Notary Public		Date	