

# Morgan State University

## RESIDENCY INFORMATION FORM

Applicants seeking in-state status must complete the following questions. Failure to complete ALL of the questions may result in a non-Maryland resident classification and out-of-state tuition charges. Residency classification information is evaluated in accordance with the Morgan State University Board of Regents policy on residency. The applicant may be contacted for clarification of an item, or for additional information as necessary.

### COMPLETE this form if:

- You are currently in the application process *or*
- You are a newly admitted undergraduate student

### DO NOT COMPLETE this form if:

- You are currently enrolled as an out-of-state student *or*
- You are required to submit a petition for a change of residency status

Name:

DOB:

Student ID:

Do you wish to be considered for in-state tuition status? ( ) Yes ( ) No **IF YES, you must complete this form.**

### Preliminary Questions

#### PLEASE CHECK ALL THAT APPLY BELOW:

- I am a part-time (50%) or full-time regular employee of Morgan State University or, I am the spouse of, or am financially dependent upon a parent or legal guardian who is a regular employee of Morgan State University.** Please indicate his/her full name and relationship:  
\_\_\_\_\_  
Please attach a letter of verification from the Office of Human Resources.
- I am a full-time active member of the U.S. Armed Forces whose home of residency is Maryland or one who resides or is stationed in Maryland, or the spouse or a financially dependent child of such a person.** Please attach a copy of your deed or lease (if applicable), or verification from the service that you have declared Maryland as your "home of residency" (if applicable); and the most recent assignment orders. 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. Also, please indicate date of expected separation from the military:  
\_\_\_\_\_
- I am an honorably discharged veteran of the United States Armed Forces who resides in or is domiciled in Maryland.** Please 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 state tax return, Maryland driver's license, Maryland voter registration, Maryland motor vehicle registration, utility or bank statements).
- 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.** Please attach a copy of your deed or lease (if applicable), the most recent assignment orders, and proof of provision of a Critical Military Occupational Skill or membership in the Air Force Critical Specialty Code as determined by the MNG.
- 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 safety employee killed in the line of duty.** Please attach appropriate documentation.
- I am an undocumented immigrant individual (not including non-immigrant aliens within the meaning of §1101(A)(15) of the Aliens and Nationality Title of the United States Code) who has attended a community college not earlier than the 2010 fall semester and met the requirements of §15-106.8(B)(2011) of the Education Article of the Annotated Code of Maryland; was awarded an associate's degree by, or 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; can provide the University documentation that I or my parent or legal guardian has filed a Maryland income tax return annually while I attended 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; am registering at the University not later than four (4) years after graduating from or achieving 60 credits at a community college in the State.** Please attach 1) transcripts for all institutions of higher education attended; 2) copy of affidavit submitted to your community college that you will file an application to become a permanent resident within thirty (30) days after becoming eligible to do so; 3) copies of Maryland tax returns filed by you or your parent or legal guardian while you attended community college in the state and 4) copies of Maryland tax returns filed by you or your parent or legal guardian 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.

Return this form to [rsv@morgan.edu](mailto:rsv@morgan.edu).

## Dependent Status

PLEASE CHECK ONE:

- I am financially independent.** I have earned taxable income and I have not been claimed as a dependent on another person's most recent income tax returns. *Please complete the **Student Section** (questions 1-12).*
- I am a ward of the State of Maryland.** *Please submit documentation and complete the **Student Section** (questions 1-12).*
- I am financially dependent** on another person who has claimed me as a dependent on his/her most recent income tax returns. *The person who has claimed you as a dependent on his/her most recent income tax returns must complete the **Parent/Guardian Section** (questions a-k). You (the student) must complete the **Student Section** (questions 1-12).*

### Parent / Guardian Section (to be completed on behalf of dependent students)

☺ h\ku° Vu Please provide an answer to each question. Failure to do so may result in an out-of-state classification.

Name of person who claimed applicant on his/her most recent income tax return: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long has the applicant been dependent on you (i.e., claimed on tax return)? \_\_\_\_\_ years

Are you a resident of Maryland? ( ) Yes ( ) No

Are all, or substantially all of your possessions in Maryland? ( ) Yes ( ) No

f. Provide your permanent address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

- Length of time at permanent address: \_\_\_\_\_ years \_\_\_\_\_ months
- If less than 12 months**, provide previous address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

- Length of time at previous address: \_\_\_\_\_ years \_\_\_\_\_ months

g. Are you a citizen of the United States? ( ) Yes ( ) No

- i. **IF NO**, visa type: \_\_\_\_\_ ii. Visa expiration: \_\_\_\_\_
- iii. Alien Registration Number: \_\_\_\_\_ iv. Date of Issuance: \_\_\_\_\_

h. Have you filed a Maryland state income tax return for the most recent year on all earned income including income earned outside of Maryland? ( ) Yes ( ) No

- i. **IF YES**: Last 3 years filed: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_
- ii. **IF NO**: If a Maryland tax return has not been filed within the last 12 months, state reason(s): \_\_\_\_\_

i. Is Maryland state income tax currently being withheld from your pay? ( ) Yes ( ) No

**IF NO**, provide explanation: \_\_\_\_\_

j. Do you receive any public assistance from a state or local agency other than one in Maryland? ( ) Yes ( ) No

**IF YES**, provide explanation: \_\_\_\_\_

I certify that the information provided is complete and correct. I understand that the University reserves the right to request additional information if necessary. In the event the University discovers that false or misleading information has been provided, the Student Applicant may be billed by the University retroactively to recover the difference between in- state and out-of-state tuition for the current and subsequent semesters.

k. Signature of person completing items a-k and who has claimed applicant as dependent: \_\_\_\_\_

Date: \_\_\_\_\_

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## Student Section

**IMPORTANT:** Please provide an answer to each question. Failure to do so may result in an out-of-state classification.

1. **Provide your permanent address:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

- Length of time at permanent address: \_\_\_\_\_ years \_\_\_\_\_ months
- If less than 12 months**, provide previous address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

- Length of time at previous address: \_\_\_\_\_ years \_\_\_\_\_ months

2. **Are you a citizen of the United States?** ( ) Yes ( ) No

- i. **IF NO**, visa type: \_\_\_\_\_ ii. Visa expiration: \_\_\_\_\_
- iii. Alien Registration Number: \_\_\_\_\_ iv. Date of Issuance: \_\_\_\_\_

3. **Did you attend high school in Maryland?** ( ) Yes ( ) No

4. **Is your primary reason for living in the state of Maryland to attend the university?** ( ) Yes ( ) No

5. **Are all, or substantially all, of your possessions in Maryland?** ( ) Yes ( ) No

6. **Do you possess a valid driver's license?** ( ) Yes ( ) No

- a. **IF YES**, initial date of issue: \_\_\_\_\_ b. In what state? \_\_\_\_\_
- c. Most recent date of issue: \_\_\_\_\_ d. In what state? \_\_\_\_\_

7. **Do you own any motor vehicles?** ( ) Yes ( ) No

- a. **IF YES**, initial date of registration: \_\_\_\_\_ b. In what state? \_\_\_\_\_
- c. Most recent date of registration: \_\_\_\_\_ d. In what state? \_\_\_\_\_

8. **Are you registered to vote?** ( ) Yes ( ) No

- a. **IF YES**, in what state? \_\_\_\_\_ b. Date of registration: \_\_\_\_\_
- c. Where you previously registered to vote in another state? ( ) Yes ( ) No

9. **Have you filed a Maryland state income tax return for the most recent year?** ( ) Yes ( ) No

- i. **IF YES:** Last 3 years filed: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_
- ii. **IF NO:** If a Maryland tax return has not been filed within the last 12 months, state reason(s):  
\_\_\_\_\_

10. **Is Maryland state income tax currently being withheld from your pay?** ( ) Yes ( ) No

**IF NO**, provide explanation:  
\_\_\_\_\_

11. **Do you receive any public assistance from a state or local agency other than one in Maryland?** ( ) Yes ( ) No

**IF YES**, provide explanation:  
\_\_\_\_\_

I certify that the information provided is complete and correct. I understand that the University reserves the right to request additional information if necessary. In the event the University discovers that false or misleading information has been provided, the Student Applicant may be billed by the University retroactively to recover the difference between in- state and out-of-state tuition for the current and subsequent semesters.

12. **Signature of applicant:**

\_\_\_\_\_ Date: \_\_\_\_\_

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