



# Office of the University Registrar RESIDENCY ANALYSIS FORM

**About this form:** This form should be used by Rowan University students who are requesting to be considered for a change of residency for tuition purposes. Only use this form if your address has changed from out-of-state to in-state and you also fit the official criteria to be considered a New Jersey resident for tuition purposes as outlined in the New Jersey Residency Policy and Eligibility for In-State Tuition policy found [here](#). Please carefully review this policy before submitting this form and any required documentation. It is recommended that the form and all required items be submitted at least five (5) weeks before the start of the term for which you are seeking a change in tuition.

You should submit this form to the appropriate office based on your student type (see section IV of this form). Final determination of any submitted requests will be emailed by your school's Registrar to the student's Rowan email address. While we will always process requests as quickly as possible, a Change of Residency Request for Tuition Purposes may take up to four (4) weeks to process.

## PART I: STUDENT & TERM INFORMATION

\*required field.

\*Date student submitted completed form with required documentation:

Rowan ID:

Student's Rowan email:

Student's legal name:

First

Middle

Last

\*Student's preferred phone number:

\*Indicate  cell phone or  other phone type

\*If cell, may we text you?  yes  no (Official approvals will use Rowan email.)

## PART II: REQUIRED DOCUMENTATION

Please check and submit copies of the required documentation below.

1.  \*A completed and signed Rowan University Residency Analysis Form (this form).
  2.  \*A notarized affidavit by the student confirming residency in New Jersey for at least one year including the date residency in New Jersey began and attesting that the student did NOT move to New Jersey for educational purposes. (This affidavit should also detail any other information/clarification that the student believes would be necessary in the student's particular case to assist in the determination of New Jersey residency.)
  3.  A copy of your New Jersey state income tax return for the most recent tax year that demonstrates you were domiciled in New Jersey for at least 12 months prior to the start date for the term in which you are requesting in-state tuition (independent student\*\*\*)  
OR  
A copy of your parent or legal guardian's New Jersey state income tax return for the most recent tax year that demonstrates you were domiciled in New Jersey for at least twelve (12) months prior to the start date for the term in which you are requesting in-state tuition
  4.  A copy of a New Jersey Driver's License or a New Jersey Non-driver photo identification and/or a New Jersey Voter Identification Card (both are preferred)
- Check this box if you are active military or a dependent of active military. In such cases, the Military Services Office will work with you to obtain service related documentation as may be required.  
(\*\*\*See definition of student status at: <https://sites.rowan.edu/financial-aid/eligibility/dependency.html>)

## PART III: STUDENT

By my signature below:

- If my request is approved, I give permission to my school's Registrar to change my official residency status which will automatically update my tuition payments for future terms (See official policy for timelines).
- I certify that all information supplied above is factually true and honestly presented to the best of my knowledge.

Student Signature

Date

## PART IV: SUBMISSIONS TO OFFICES

This form and the relevant supporting documentation should be submitted to the following offices for consideration of your request from the student's Rowan email address:

1. For undergraduate students, to the Registrar's Office, to Registrar at [registrarassist@rowan.edu](mailto:registrarassist@rowan.edu)
2. For students of Cooper Medical School of Rowan University, to CMSRU Registrar at [cmsruregistrar@rowan.edu](mailto:cmsruregistrar@rowan.edu)
3. For students of Rowan School of Osteopathic Medicine, to SOM Registrar at [somregistrar@rowan.edu](mailto:somregistrar@rowan.edu)
4. For GSBS Graduate Programs, to Registrar at [registrarassist@rowan.edu](mailto:registrarassist@rowan.edu)

### *For office use only:*

Date received:

Approved:

Not Approved:

Notes:

Processed in system by & date:

Term in which new tuition will apply:

Date confirmation email sent:

Initials: