



# 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 for Tuition Purposes policy](#) found [here](#): please carefully review this policy before submitting this form and any required documentation. Be sure to submit the form and all required items by 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. Final determination of any submitted requests will be emailed by the Office of the University 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:

(See "Deadlines & Timelines" at: <http://www.rowan.edu/provost/registrar/forms/Residency%20documentation.pdf>.)

\*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 Change of Residency for Tuition Purposes Request 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. (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 (dependent student\*\*\*)
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: <http://www.rowan.edu/provost/registrar/forms/Residency%20documentation.pdf>.)

## PART III: STUDENT SIGNATURE

Please check and submit copies of the required documentation below.

**By my signature below:**

- If my request is approved, I give permission to the Office of the University 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*

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*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: \_\_\_\_\_

## **PART IV: SUBMISSIONS TO OFFICES**

This form and the relevant supporting documentation should be submitted to the following offices for consideration of your request:

1. For undergraduate students, to the Registrar's Office by emailing the request to [registrarassist@rowan.edu](mailto:registrarassist@rowan.edu) from the student's email account.
2. For students of Cooper Medical School of Rowan University, to [insert office and contact information]
3. For students of Rowan School of Osteopathic Medicine, to [insert office and contact information]
4. For all other graduate programs, to [insert office and contact information]