

## UNIVERSITY OF ARKANSAS AT MONTICELLO

### Reclassification as an Arkansas Resident for Tuition and Fee Purposes

Because the University of Arkansas Board of Trustees Policy (<https://www.uasys.edu/wp-content/uploads/sites/16/2018/04/520.8-Student-Residency-Status-for-Fee-Purposes.pdf>) governing reclassification states the burden of proof is on the person seeking to be reclassified, all of the required documentation must be submitted by the student and verified for eligibility.

Please keep these guidelines in mind when considering petitioning for reclassification as an Arkansas resident for tuition and fee purposes.

1. A student who knowingly gives erroneous information in an attempt to evade the payments of “out-of-state” fees may be subject to dismissal from the University.
2. The **application must be received by the Office of the Registrar** no later than the last day to register for the term in which you are requesting the reclassification.
3. Allow a minimum of 2 weeks for your application to be evaluated. The results (approval, denial, or the need for additional information) of the petition will be e-mailed to you at your UAM e-mail address. If you receive a request for additional information, you will have to provide the documentation within 10 days. In the event that you do not supply the requested documentation, your petition will be revoked and you will need to reapply for a future term providing all required documentation.
4. Tuition and fees payments are due by the dates listed in the academic calendar. You are expected to pay your entire bill even if you expect a favorable decision about your status. If you receive a favorable decision after the tuition/fee due date, the out-of-state fees you paid will be refunded at that time.
5. You may supply additional information or documents in support of your request should you receive an unfavorable decision. The written appeal should be directed to the Chancellor’s Office.

## Quick Guide to In-state Residency Reclassification

Please see the columns below to see if you meet the criteria.

### GOOD FAITH ACTS

Good Faith Acts, see list below, must be established 6 months prior to the beginning of the term requested for reclassification.

- \*AR Driver's License   \*AR State Issued ID Card   \*AR Vehicle Registration   \*AR State Tax Return  
 \*AR Assessment of Real Property (Real Estate)   \*AR Assessment of Personal Property (i.e., vehicle, boat, etc.)  
 \*Establishment of AR Bank Account/s (Letter from bank stating the date the account was opened and current activity)

Unmarried Student Under Age 23	Married Student	Unmarried Student Age 23 or Older
<p>Student must show financial independence and provide:</p> <ol style="list-style-type: none"> <li><b>A copy of the parents' Federal Tax Return showing student was not claimed as a dependent on parents' return for previous year;</b></li> <li><b>A copy of the student's Federal Tax return for the previous year;</b></li> <li><b>Evidence of current financial support;</b></li> <li><b>3 Good Faith Acts;</b></li> </ol> <p>AND</p> <ol style="list-style-type: none"> <li><b>Student must have evidence of physically residing in the state of Arkansas for at least 6 consecutive months prior to the term requested for reclassification.</b></li> </ol> <p>A letter from an employer verifying work in state.</p> <p>OR</p> <p>A housing agreement (deed, lease, etc.).</p> <p>OR</p> <p>Evidence of continuous on-campus enrollment at the University.</p>	<p>Student must provide:</p> <ol style="list-style-type: none"> <li><b>Marriage License/Certificate;</b></li> <li><b>3 Good Faith Acts;</b></li> </ol> <p>AND</p> <ol style="list-style-type: none"> <li><b>Student must have evidence of physically residing in the state of Arkansas for at least 6 consecutive months prior to the term requested for reclassification.</b></li> </ol> <p>A letter from an employer verifying work in state.</p> <p>OR</p> <p>A housing agreement (deed, lease, etc.).</p> <p>OR</p> <p>Evidence of continuous on-campus enrollment at the University.</p>	<p>Student must provide:</p> <ol style="list-style-type: none"> <li><b>3 Good Faith Acts;</b></li> </ol> <p>AND</p> <ol style="list-style-type: none"> <li><b>Student must have evidence of physically residing in the state of Arkansas for at least 6 consecutive months prior to the term requested for reclassification.</b></li> </ol> <p>A letter from an employer verifying work in state.</p> <p>OR</p> <p>A housing agreement (deed, lease, etc.).</p> <p>OR</p> <p>Evidence of continuous on-campus enrollment at the University.</p>
<p>If one parent is living in the state: In general, 3 Good Faith Acts of parent and proof of residence for 6 months will be sufficient for reclassification.</p> <p style="text-align: center;">OR</p>		
<p>If parents were relocated by their employer or the military to Arkansas: In general, 3 Good Faith Acts and a letter of transfer from employer to parent will be sufficient for reclassification.</p>		
<p>An application is considered complete when all categories have been addressed.</p>		
<p>All documentation submitted with the application must be in the form of photocopies clearly showing the date of each action.</p>		

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Application for In-State Residency Classification for Tuition and Fee Purposes

**A. STUDENT INFORMATION**

Name	University ID
Current Address	Phone Number
City	State
Zip Code	Date of Birth
Country	Current Age
Permanent Address	Phone Number
City	State
Zip Code	Country
I am requesting to be reclassified beginning-	Semester/Term/Year

**B. CITIZENSHIP**

I am a citizen of	If not a US citizen, list the type of Visa you hold.
Have you declared your intent to become a US citizen?	Yes/ No

**C. MARITAL STATUS**

I am-	Married/Unmarried
Name of spouse-	
Is your spouse an Arkansas resident?	Yes/No

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**A. PARENTAL INFORMATION – Complete this section if you are single and under the age of 23.**

Are you applying for residency based upon your parents? Yes/No

Father's Name-

Address

City, State, Zip Code

Mother's Name-

Address

City, State, Zip Code

My parents are-

Married/Separated/divorced

If parents are divorced or separated, what are the custody arrangements?

**B. FINANCIAL INFORMATION**

What are your means of income? Please list ALL sources and what percentage they constitute overall to your annual income.

How will your income change as you attend the University?

**C. RESIDENCE IN ARKANSAS**

From where did you relocate to Arkansas?

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I have resided in the State of Arkansas since?

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I have lived continuously in Arkansas at the following addresses:

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Address	City, State, Zip Code
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Address	City, State, Zip Code
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Address	City, State, Zip Code
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**D. GOOD FAITH ACTS. Please complete this form and attach copies of all pertaining Good Faith Acts.**

**I am attaching copies of (choose Items)**

I am also providing (Use if item is not listed in the above list.)

If you have any questions about your petition, please contact the Office of the Registrar (870) 460-1034. Please allow 2 weeks for your petition to be reviewed. You are expected to pay any fees incurred prior to your decision. Upon approval of the petition the difference will be refunded. If further information is needed, you will be notified.

***I certify that all statements made in this petition are true.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

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ACTION BY UNIVERSITY:

Residency Committee Recommendation

Date \_\_\_\_\_

Approve \_\_\_\_\_ Not Approve \_\_\_\_\_ Reason \_\_\_\_\_

Executive Council

Date \_\_\_\_\_

Approve \_\_\_\_\_ Not Approve \_\_\_\_\_ Reason \_\_\_\_\_

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Vice Chancellor Signature

Student Notified – Date \_\_\_\_\_

Records Updated – Date \_\_\_\_\_ by \_\_\_\_\_

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Appeal of Denial for In-State Residency Classification for Tuition and Fee Purposes

Submit the appeal to the Chancellor's office. Allow a minimum of two weeks for your appeal to be evaluated.

**STUDENT INFORMATION**

Name

University ID

Current Address

Phone Number

City, State

Zip Code

Country

List any additional documents or information that was not provided with the original application:

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ACTION BY UNIVERSITY:**

Date \_\_\_\_\_

Approve \_\_\_\_\_ Not Approve \_\_\_\_\_ Reason \_\_\_\_\_

\_\_\_\_\_  
Chancellor

Student Notified – Date \_\_\_\_\_

Records Updated – Date \_\_\_\_\_ by \_\_\_\_\_