Residency Reclassification Request Form

This Residency Reclassification Request Form is for enrolled students who wish to request a change in their residency. As a state institution, UMass Dartmouth sets tuition and fees for undergraduate, graduate, and law students based on residency classification regulations from the Massachusetts Department of Higher Education (DHE) and the New England Board of Higher Education (NEBHE). Policy is found at https://www.mass.edu/foradmin/admissions/residency.asp The policy must be thoroughly reviewed prior to submitting a Residency Reclassification Request.

Being present in Massachusetts solely for the purposes of attending college does not qualify a student for in-state residency. Residency status for dependent students (under the age of 24 and/or claimed on parent tax return) is based on the student and the parent or legal guardian (appointed by a Massachusetts court) permanent state of residence. To be reclassified as a Massachusetts resident, an enrolled student must live in Massachusetts as a "traditional resident" (not a student) for approximately 12 months immediately preceding their enrollment or re-enrollment at UMass Dartmouth. Applicants are responsible for submitting all documentation to support a residency reclassification claim. The final decision will be based solely on the submitted documentation. Decisions are not retroactive and will be effective for the semester which next follows the date of request.  

Fall Semester Deadline: August 15th  /  Spring Semester Deadline: December 15th

Student Information

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<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Middle Initial</th>
<th>Student ID Number</th>
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Street Address     City     State     Email Address

What semester did you first enroll at UMass Dartmouth? ______________ What is your program? _____________________________

What is your country of citizenship? ____________  If you are not a US Citizen, please provide Citizenship/Visa status: ____________

In State Eligibility Category

□ I have been a Massachusetts resident for twelve (12) consecutive months prior to the beginning of the semester not solely for educational purposes. Note: If you are claimed as a dependent on your parents' tax return and/or under the age of 24, your legal domicile for this purpose will be that of both you AND your parents’ or legal guardian, regardless of age.
□ I am a member of the U.S. Armed Forces (or spouse or child) on active duty in Massachusetts.
□ I am married to a Massachusetts resident.
□ I and one of my parents (dependent students) have permanently relocated to Massachusetts for employment purposes.

What has changed in your circumstances since first being enrolled at UMass Dartmouth, and why do you believe you now qualify for in-state tuition and fees?

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Supporting Documentation

As proof of my intent to remain in Massachusetts, I possess at least three (3) of the following documents, which I shall present with my request. These documents are dated within one (1) year of the start date of the academic semester for which I seek to enroll. The university reserves the right to make any additional inquiries regarding my status and to require any additional documentation it deems necessary. Please check the documents provided as proof of your intent to remain in Massachusetts.

- Driver's License
- Car registration
- State/Federal tax returns
- Employment pay stub
- Voter registration
- Utility bills
- Signed lease, rent receipt, or mortgage statement
- Military home of record
- Proof of parent's residency (required for dependent student)
- Other

Acknowledgment

I certify all information provided on this form is accurate and true to the best of my knowledge.

Student Signature ____________________________ Date ____________