



Registrar's Residency Reclassification Form for Regular Employees of the University System of Maryland, Spouses, and Dependents

Temporary Qualification of Non-Residents for In-State Status

Non-residents who fit this status of a full time or part-time (at least 50%) regular employee of USM or a USM institution shall be accorded the benefits of in-state tuition for the period in which they hold such status, if they provide clear and convincing evidence through documentation that they fall within this status.

Please see the USM residency policy, *Section IV Criteria for Temporary Qualification of Non-Residents for In-State Status*, for more specific information. (Appendix C in the Towson University Catalog)

This form is to be used in conjunction with the Checklist for Regular Employees of the University System of Maryland, Spouses, and dependents. Both forms, and required documentation, **MUST** be submitted together in order to be considered for in-state residency tuition.

Important Information:

- The submission deadline is the last day to drop/add for the term for which you are seeking in-state status.
- Only one reclassification request may be submitted per term.
- You must be registered for classes during the term for which you are petitioning.
- No requests are accepted for retroactive changes.
- No materials or documentation will be returned after the petition is submitted.
- The review of the petition and an initial determination of the status may take as long as 6 weeks. You will be responsible for all late fees and finance charges accrued during the entire process.

Student Name: _____ TU ID: _____

Term for which you are requesting in-state tuition status: _____

Please note, the permanent address you have submitted to Towson University and/or your TU email will be used for all official communication regarding the approval or denial for this reclassification request.

I affirm that I have read the USM Policy on Student Classification for Admission and Tuition Purposes and am aware of the requirements for establishing in-state status that apply to my category.

I hereby swear and affirm that all information I have provided is accurate and complete, and that all documents attached are true and unaltered copies of the original documents requested. I understand that failure to include all requested documents will delay the processing of my request or cause it to be denied. If false or misleading information is submitted, the University may, at its discretion, revoke in-state status and take disciplinary action, including suspension or expulsion. I agree to notify Towson University, in writing, within 15 days of any change of circumstances that may alter my eligibility for in-state status.

Signature of Student

Date

If applicable: Notarized Signature of person upon whom Student is dependent

Date

Sworn to and subscribed before me this _____ day of _____ 20____

Signature of Notary Public

My commission expires on: (Date)

Registrar's Residency Reclassification Checklist for Regular Employees of the University System of Maryland, Spouses, and Dependents

Student Name: _____ TU ID#: _____ Term: _____

This completed checklist and required documentation should be submitted along with a signed Reclassification Form (attached) to:

Registrar's In-State Residency Office
Enrollment Services Center, Room 247

Please do not email these completed forms or your documentation.

Check the status below that is applicable to you and provide the listed required documentation.

I am a part-time (50%) or full-time regular employee of the University System of Maryland.

Copy of employment verification letter from your Human Resources office indicating that you are a Regular employee of the University System of Maryland (**If part time, the letter must indicate the percentage*)

I am the spouse of a part-time (50%) or full-time regular employee of the University System of Maryland.

Copy of your spouse's employment verification letter from their Human Resources office indicating that they are a regular employee of the University System of Maryland (**If part time, the letter must indicate the percentage*)
 Copy of your marriage certificate

I am a financially dependent child of a part-time (50%) or full-time regular employee of the University System of Maryland.

Copy of employment verification letter of the USM employee from their Human Resources office, indicating that they are a regular employee of the University System of Maryland. (**If part time, the letter must indicate the percentage*)
 Copy of birth certificate or court order of adoption or guardianship
 Copy of employee's most recent state* tax returns
*Maryland returns require Maryland Comptroller's Certification
Search for Resource Library at www.marylandtaxes.gov for the request form
(federal tax returns ok if employee did not file a MD state tax return)