

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
Division of Student Services and Records
2500 North State Street
Jackson, MS 39216-4505

REQUEST FOR REVIEW OF RESIDENCY CLASSIFICATION

Residency Classification at the University of Mississippi Medical Center is based upon the Policies and Bylaws of the Board of Trustees Institutions of Higher Learning, State of Mississippi, as approved by IHL and as identified as Section 603 of the Policies and Bylaws of the governing board of higher education for the state of Mississippi.

Please complete the statements on both sides of this form as they apply to your particular situation. You are required to sign this form in the presence of a Notary Public before submitting the form to the Division of Student Services and Records. Please attach to this form documentation of your Mississippi residency for twelve(12) consecutive months following your twenty-first birthday. Examples of such documentation are receipts from real estate purchase, apartment rental, and car tag purchase.

You will be notified as soon as possible of the results of the review and evaluation of your request for residency classification.

NAME _____ BIRTH DATE _____
Last First Middle

PERMANENT MAILING ADDRESS _____
ZIP CODE _____

PRESENT MAILING ADDRESS _____
ZIP CODE _____

I reside at _____ for _____ months of each year,
and for _____ months, I reside at _____

Marital Status: _____ If Married: Home state of spouse _____
Occupation of spouse _____
Spouse currently resides at _____

I own a home in Mississippi at _____
Location

I am a registered voter in _____
City County State

Date of Voter Registration _____ Please attach a copy of voter registration card

The automobile I drive is registered in _____
County State

If you do not own the automobile you drive, please give an explanation _____

Please state the license tag number of your automobile _____

State the name of the state issuing the license plate _____

If you do not have a Mississippi license plate, please give an explanation _____

Please state your driver's license number _____ What state issued your driver's license? _____ (attach a copy of your driver's license) If you do not have a Mississippi driver's license, please give an explanation _____

For the last two years, please provide the name and address used on your Federal and State Income Tax

Report: Federal _____
State _____

If you did not file income tax reports, please give an explanation _____

If you have not filed a Mississippi Income Tax Report, please give an explanation _____

If you are employed full-time or part-time in Mississippi, state the employer and employer's address and the date you were employed _____

	Employer	Address
Date of Employment _____	Describe your duties _____	

If you are a full-time or part-time student, please attach a copy of your most recent registration form and state the name and address of the college/university _____

PLEASE FEEL FREE TO ATTACH COPIES OF OTHER DOCUMENTATION OR STATEMENTS THAT YOU CONSIDER TO BE PERTINENT TO YOUR REQUEST FOR A MISSISSIPPI RESIDENCY CLASSIFICATION.

I declare that my statements on both sides of this form are true and that I have abandoned former domiciles with the intention of remaining in the State of Mississippi permanently for an indefinite length of time.

_____, DATE _____
Your Signature in the presence of a Notary Public

Subscribed and sworn to (or affirmed to) me this _____ day of _____
Month

_____, at _____, _____
Year City State

Signature of Notary Public
