RUTGERS UNIVERSITY POLICY

Section: 10.3.2

Section Title: Student Services & Other Student Related Policies and Programs

Policy Name: Student Residency for Tuition Purposes

Formerly Book: 4.1.3

Approval Authority: Executive Vice President for Academic Affairs

Responsible Executive: Executive Vice President for Academic Affairs

Responsible Office: Office of Academic Affairs

Originally Issued: 9/61

Revisions: 7/99, 7/1/2013, 7/22/2013, 9/10/2013

Errors or Changes? Please contact the Office of Academic Affairs at 848-932-7821

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<td>Approval Authority:</td>
<td>Senior Vice President for Academic Affairs</td>
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<tr>
<td>Adopted:</td>
<td>09/1961</td>
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<td>Responsible Executive:</td>
<td>Senior Vice President for Academic Affairs</td>
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<td>Revised:</td>
<td>07/1999; 07/01/2013; 07/22/2013; 09/10/2013; 01/16/2019</td>
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<td>Responsible Office:</td>
<td>Office of Academic Affairs</td>
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<tr>
<td>Contact:</td>
<td>University Registrar (848)445-2620</td>
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1. Policy Statement

A determination of residency status for the purpose of tuition assessment will be made by the University based on information provided by the applicant in accordance with the procedure outlined in this Policy.

2. Reason for Policy

Defining the factors considered in determining residency status and the appeals process ensures that residency decisions for students across the University are treated equitably.
3. **Who Should Read This Policy**

All members of the Rutgers University community

4. **Related Documents**

Appendix: Residency Analysis Form

5. **Contacts**

See Submission of Residency Analysis Form on Page 5 of this policy.

4. **Resources**

Appendix A: Residency Analysis Form

5. **Definitions**

N/A

6. **The Policy**

**10.3.2 STUDENT RESIDENCY FOR TUITION PURPOSES**

A determination of residency status for the purpose of tuition assessment will be made by the University based on information provided by the applicant in accordance with the procedure outlined in this Policy Statement.

I. **PROCEDURE:**

A. **THE INITIAL DETERMINATION:** At the time an individual initially applies for admission into any graduate or undergraduate college/school of the University, the respective Admissions Office will determine an admitted applicant's resident status for tuition assessment. The determination made at this time shall prevail for each succeeding semester unless a change is authorized as provided hereinafter.

B. **AFTER THE INITIAL DETERMINATION:** The status of residency for tuition purposes of students continuing in a college/school of the University will be determined by the appropriate Registrar's Office (Camden Registrar, Newark Registrar, New Brunswick Registrar, or Rutgers Biomedical and Health Sciences (RBHS) Registrar). The determination made by the Registrar will either conform to the initial determination of the admissions office or reflect a change as provided hereinafter.

C. **REQUEST FOR A CHANGE OF STATUS:** Requests for a change in residency status will be accepted no later than the last day of final exams in the semester for which changed status is sought. All evidence deemed appropriate by the adjudication official pursuant to N.J.A.C. 9A:5-1.1-1.2 must be filed by the petitioner in accordance with the time limit specified in the preceding sentence, but in no case later than 30 days from the date of submission of the Residency Analysis Form. Failure to comply with the provision may void the petition for the semester in question. If, based on the information submitted in the request, the student qualifies for resident tuition assessment, such change will relate only to the current and subsequent semesters. See section **Appendix A, “Submission of Residency Analysis Form”** below for office locations and mailing addresses.

All policies are subject to amendment. Please refer to the Rutgers University Policy Library website (policies.rutgers.edu) for the official, most recent version.
D. **APPEALS:** Appeals from the initial determination and any determination made after a request by a student for a change in residency status will be accepted no later than 30 days after the date of notification of any such determination that is appealed. Appeals for newly admitted undergraduate students will be forwarded to the Associate Vice President of Enrollment Management or to the Executive University Registrar for continuing students. Appeals for newly admitted graduate or professional students will be forwarded to the Director of Graduate Admissions or to the Executive University Registrar for continuing students. Appeals for newly admitted undergraduate students will be forwarded to the Associate Vice President of Enrollment Management or to the Executive University Registrar for continuing students. Appeals for continuing students should be forwarded to the appropriate Office of the Vice Chancellor for Enrollment Management’s office. These officers will respond to the student within 30 working days of the receipt of the appeal in the appropriate office. Appeals from these determinations must be submitted to the Vice President of Enrollment Management centrally to the Associate Vice President of Enrollment Management by the student within two weeks after the Associate Vice President of Enrollment Management, Director of Graduate Admissions or the Executive University Registrar campus Vice-Chancellor for Enrollment Management has issued a determination. The decision of the Vice President of Enrollment Management Associate Vice President for Enrollment Management will be final.

E. **STUDENTS’ RESPONSIBILITIES:** The student is responsible for providing relevant information upon which a residency determination can be made. The burden of proving his/her student’s residency status lies solely upon the student. Moreover, it is the obligation of the student to seek advice when in doubt regarding eligibility for in-state tuition assessment. Every student who is classified as a resident student but who becomes a non-resident at any time by virtue of a change of legal residence is required to notify his/her Registrar immediately. An independent student loses New Jersey residency status for tuition purposes upon abandonment of the New Jersey domicile. Assessment of non-resident tuition charges will take effect the semester following the date of abandonment. Any dependent student who is domiciled in the state for tuition purposes shall continue to be eligible for New Jersey resident tuition status despite his or her supporting parent(s) or U.S. United States Court Appointed legal guardian(s) change of domicile to another state, while such student continues to reside in New Jersey during the course of each academic year and is continuously enrolled.

F. **PENALTIES:** If a student has obtained or seeks to obtain resident classification by deliberate concealment of facts or misrepresentation of facts or if he/she fails to come forward with notification upon becoming a non-resident, he/she is subject to disciplinary action.

II. **FACTORS CONSIDERED IN DETERMINING RESIDENCY FOR TUITION ASSESSMENT:**

This section of the Policy Statement conforms to the regulations of the New Jersey Administrative Code, Volume 9A:5-1.1-1.2 and 9A:9-2.6.

A. **CLASSIFICATION:** A student shall be classified as a "resident" for tuition purposes upon admission to a public institution of higher education in the State of New Jersey if the student has been domiciled within the State of New Jersey for at least one year immediately prior to enrollment.

Students who are classified as dependent students are presumed to share the domicile of his or her parent(s) or legal guardian. Persons who have been residents in this state for more than 12 months prior to initial enrollment are presumed to be domiciliaries of New Jersey for tuition purposes. In those cases in which a dependent student with an out-of-state parent or legal guardian has resided in New Jersey for 12 consecutive months prior to initial enrollment, the student may petition on his/her own to establish domicile in the state.

Persons who have been domiciled within this State for less than 12 months prior to initial
enrollment are presumed to be non-domiciliaries for tuition purposes. Persons presumed to be non-domiciled or persons who are presumed to be domiciled but whose domiciliary status is challenged by the institution must prove their domicile according to the following regulations.

B. DOMICILE: “Domicile” is a legal concept defined by New Jersey law. In general terms, “domicile” means the place where a person has his or her true, fixed, permanent home and principal living establishment, and to which, whenever he or she is absent, he or she has the intention of returning. New Jersey domicile must be acquired prior to the beginning of the semester for which you are requesting a change in residency status. Domicile is distinct from residence – while a person may have several residences, he/she can have only one legal domicile. Therefore, in order to establish a new domicile in New Jersey, a person must first abandon the prior domicile in which he/she previously resided and sever all legal connections to that former domicile.

In determining whether domiciliary status has been shown, mere physical presence and declaration of intent to remain in the State may not be sufficient. To assist in determining whether a person is a New Jersey domiciliary, the primary evidence is, but is not limited to, a notarized affidavit setting forth domicile and a State Certified copy of a New Jersey Resident Income Tax Return or in the case of a dependent student, a State Certified Copy of his/her parent(s)’ or a U.S. United States Court Appointed (prior to the student attaining age 18) legal guardian(s) New Jersey Resident Income Tax Return. The following additional items should be submitted: New Jersey voter registration materials; a New Jersey driver's license (or non-driver's I.D.); New Jersey motor vehicle registration; a long-term apartment/house lease or a house/condo deed; presence of spouse and children in New Jersey; the location of a local New Jersey bank(s); and copies of recent monthly bills (charge card, phone, etc.) addressed to the claimant(s). In unusual circumstances, if primary evidence is not available, the institution may make a determination of New Jersey domicile based exclusively on supplementary evidence; however, supplementary evidence may be deemed insufficient to justify a determination of domiciliary status.

C. DEPENDENT/INDEPENDENT STUDENT DEFINED: In determining whether a student is independent, the following is considered: N.J.A.C.9A:9-2.6 (Examples of Documentation given below).

(a) The term independent when used with respect to a student means any individual who:

1. Is 24 years of age or older by December 31 of the award year; Documentation: birth certificate, secondary school transcript, driver's license, draft registration letter; or

2. Meets the requirements of (b) below.

(b) An individual meets the requirements of this section if such individual:

1. Is an orphan or ward of the court; or was a ward of the court until age 18;
   Documentation for orphan: death certificate or a letter from a social services agency or from a respected member of the community who is unrelated to the applicant (minister, school administrator, etc.).
   Documentation for ward of the court: court document or a letter from the Division of Child Protection & Permanency or other social agency;

2. Is a veteran of the Armed Forces of the United States.
   Documentation: DD214 or
3. Is a graduate or graduate professional student; (not applicable for undergraduate students) or

4. Is a married individual.
   Documentation: marriage certificate or

5. Has legal dependents other than a spouse.
   Documentation if dependent is a child: birth certificate
   Documentation if dependent is other than a child:

   - If the person was dependent on the applicant in the prior year:
     Internal Revenue Service IRS or New Jersey Division of Taxation certified copy of the applicant’s prior year tax return showing the person listed as an “other dependent.”

   - If the person was not dependent on the applicant in the prior year: a document such as a driver’s license, a Post Office address change, or a statement from the landlord or respected member of the community confirming that the person currently resides in the student’s household or

6. Is a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances as provided under Title IV of the Higher Education Act of 1965, as amended, 20 U.S.C. 1087vv, and its implementing regulations and rules. For purposes of receiving State financial assistance as an independent student due to unusual circumstances, the following conditions apply:

   i. Determinations of independence must satisfy all applicable Federal standards set forth under Title IV of the Higher Education Act of 1965, as amended, and its implementing regulations and rules; and

   ii. Individual determinations of independent student status for State student aid programs shall be made in a manner consistent with the institutional policies regarding the awarding of all need-based financial aid, including Federal and State aid; and

   iii. The institution shall share with the Office of Student Assistance any material findings or audit exceptions related to the determination of dependency status at any time they are revealed in the course of an audit or program review.

(c) A dependent student shall be any student who does not meet any of the eligibility criteria listed in (a) or (b) above for independent student status.

The University reserves the right to request a student to have the Internal Revenue Service and/or New Jersey Division of Taxation forward certified tax records to the appropriate University office for review.

An individual who claims to have established a new domicile in New Jersey must show (1) a physical abandonment of the previous domicile, together with an intent not to return to it, and (2) actual presence in New Jersey with the intention of remaining permanently in the state.

An individual from another state who has enrolled in any type of educational institution in New Jersey will be presumed to be in New Jersey primarily for educational purposes and will be presumed not to have established domicile in
All policies are subject to amendment. Please refer to the Rutgers University Policy Library website (policies.rutgers.edu) for the official, most recent version.
State for the purpose of determining tuition, regardless of the veteran or covered individual's state of residence.

1. "Veteran" means a person who has served on active duty in the Uniformed Services of the United States and who was discharged or released and who qualifies for educational assistance under the federal "All-Volunteer Force Educational Assistance Program/Chapter 30" or "Post-9/11 Educational Assistance/Chapter 33" programs.

2. "Covered individual" means an individual who is entitled to educational assistance under provisions of the federal "Post-9/11 Educational Assistance/Chapter 33" program by virtue of such individual’s relationship to a veteran.

G. IN EVERY INSTANCE: A record of the evidence utilized in determining domicile pursuant to this section shall be maintained with the student's records.

H. G. DREAM Act 18A:62-4.4

1. Notwithstanding the provisions of any law or regulation to the contrary, a student, other than a nonimmigrant alien within the meaning of section 101 (a)(15) of the "Immigration and Nationality Act" (8 U.S.C. s.1101(a)(15)), shall be exempt from paying out-of-State tuition at a public institution of higher education if the student:

2. Attended high school in this State New Jersey for three or more years;

3. Graduated from a high school in this State New Jersey or received the equivalent of a high school diploma in this State New Jersey;

4. Registers as an entering student or is currently enrolled in a public institution of higher education not earlier than the fall semester of the 2013-2014 academic year; and

5. In the case of a person without lawful immigration status, files an affidavit with the institution of higher education stating that the student has filed an application to legalize his immigration status or will file an application as soon as he is eligible to do so.

H. IN EVERY INSTANCE: A record of the evidence utilized in determining domicile pursuant to this section shall be maintained with the student's records.
SUBMISSION OF RESIDENCY ANALYSIS FORM: Mail or submit your completed Residency Analysis Form and all supporting documentation to the appropriate office listed below.

NEW BRUNSWICK:

Office of Undergraduate Admissions (first semester newly admitted undergraduate students only), 65 Davidson Road, Room 202, Piscataway, NJ 08854-8097

Office of the Undergraduate Registrar, 65 Davidson Road, Room 200B, Piscataway, NJ 08854-8097

Office of Graduate Admissions, 18 Bishop Place, 56 College Ave, New Brunswick, NJ 08901

Office of the Graduate/Professional/Summer Registrar, 65 Davidson Road, Room 200F, Piscataway, NJ 08854-8097

CAMDEN:

Office of Graduate and Undergraduate (first semester students only) Admissions, 406 Penn Street, Camden, NJ 08102

Office of Admissions, Camden School of Law, 406 Penn Street, Camden, NJ 08102

Office of the Registrar, Armitage Hall, Room 143, 311 North 5th Street, Camden, NJ 08102

NEWARK:

Office of Graduate and Undergraduate (first semester students only) Admissions, Engelhard Hall, 190 University Avenue, Newark, NJ 07102

Office of Admissions Newark School of Law, Center for Law and Justice, 123 Washington Street, Newark, NJ 07102

Rutgers Business School, Graduate Programs, Newark and New Brunswick, Engelhard Hall, Room 115, 190 University Avenue, Newark, NJ 07102

Office of the Registrar, Blumenthal Hall, 249 University Avenue, Room 309, Newark, NJ 07102

RUTGERS BIOMEDICAL AND HEALTH SCIENCES (RBHS) in NEWARK, NEW BRUNSWICK/PISCATAWAY, SCOTCH PLAINS, STRATFORD, and ONLINE:

NOTE: Students enrolled in the Ernest Mario School of Pharmacy or College School of Nursing should select the appropriate Admissions or Registrar office above from New Brunswick or Newark. All other RBHS students should select the appropriate Admissions (first semester students only) or Registrar (continuing students) office from below.

Office of Admissions at Graduate School of Biomedical Sciences - Newark (first semester students only), Medical Science Building, 185 South Orange Avenue, Room C-696, Newark, NJ 07101
Office of Admissions at Graduate School of Biomedical Sciences – New Brunswick/Piscataway (first semester students only), 675 Hoes Lane West, Room R-102, Piscataway, NJ 08854

Office of Admissions at New Jersey Medical School (first semester students only), Medical Science Building, 185 South Orange Avenue, Room C-653, Newark, NJ 07101

Office of Admissions at Robert Wood Johnson Medical School (first semester students only), Kessler Building, 675 Hoes Lane West, Room TC 116, Piscataway, NJ 08854

Office of Admissions at Rutgers School of Dental Medicine (first semester students only), 110 Bergen Street, Room B-829, Newark, NJ 07101

Office of Admissions at School of Health Related Professions and School of Nursing (first semester students only), Stanley S. Bergen Building, 65 Bergen Street, Room 149, Newark, NJ 07101

Office of Admissions at School of Public Health – Newark (first semester students only), Stanley S. Bergen Building, 65 Bergen Street, Room 701, Newark, NJ 07101

Office of Admissions at School of Public Health – New Brunswick/Piscataway (first semester students only), 683 Hoes Lane West, 1st Floor, Piscataway, NJ 08854

Office of Admissions at School of Public Health – Stratford (first semester students only), University Educational Center, 40 East Laurel Road, Suite 2034, Stratford, NJ 08084

Office of the RBHS Registrar (continuing undergraduate, graduate and professional students), Stanley S. Bergen Building, 65 Bergen Street, Room 1441, Newark, NJ 07101
RESIDENCY ANALYSIS FORM

PLEASE PRINT ALL INFORMATION CLEARLY

Today's Date __________________________ First Name __________________________ Last Name __________________________

ADDRESS: __________________________________________________________________________________________________________

Street and Number __________________________________________________________

City __________________________ State ______ Zip __________________________

HOME TEL #: (_____) ______________________ RUTGERS I.D. (RUID) #: __________________________

WORK TEL #: (_____) ______________________ EMAIL ADDRESS: __________________________

STATUS: _____Undergraduate _____Graduate AGE: _____Under 24 _____ 24 and Older GENDER: _____Female _____Male

INITIAL DATE OF ADMISSION TO RUTGERS UNIVERSITY: TERM _______ YEAR _______

COLLEGE / GRADUATE SCHOOL IN WHICH ENROLLED: __________________________ SCHOOL #: __________________________

TERM / YEAR FOR WHICH CHANGE IS REQUESTED (Circle One): FALL SPRING SUMMER YEAR: _____________

I CLAIM NEW JERSEY RESIDENCY FOR TUITION PURPOSES AS (Please check ALL that apply):

_____ (A) a GRADUATE OR GRADUATE PROFESSIONAL SCHOOL STUDENT who resides in NEW JERSEY,

_____ (B) a student who is FINANCIALLY INDEPENDENT (See Policy Statement II, C),

_____ (C) a student who is INDEPENDENT - You were born BEFORE 1/1/90 (Fall 2013 applicants) or 1/1/91 (Fall 2014 applicants)

_____ (D) a student who is INDEPENDENT by virtue of being a VETERAN of the ARMED SERVICES,

_____ (E) a DEPENDENT of NEW JERSEY RESIDENT PARENT(S) or U.S. COURT APPOINTED LEGAL GUARDIAN(S),

_____ (F) a newly admitted undergraduate student who is DEPENDENT upon an out-of-state parent(s) or guardian(s), but who has

resided in NEW JERSEY for 12 or more consecutive months prior to initial enrollment at Rutgers University.

_____ (G) a SPOUSE / CIVIL UNION PARTNER of a NEW JERSEY RESIDENT.

NOTE: New Jersey domicile and all supporting documentation must be in effect prior to the beginning of the semester for which you are requesting a change in your residency status. File all petitions no later than the last day of final exams in the semester for which the change is sought. Once the Residency Analysis Form (RAF) has been submitted, any additional supporting documentation requested by the University, must be received within 30 days.

PART I: ALL STUDENTS MUST COMPLETE THIS SECTION. PLEASE COMPLETE ALL QUESTIONS WITH FULL RESPONSES

1. __________________________________________________________________________________________________________

   First Name __________________________ Middle or Maiden Name __________________________ Last Name __________________________

2. Date of Birth: ________________________ Birthplace (City, State, Country): __________________________

3. U.S. Citizen: ____YES ____ NO If "NO," please state VISA TYPE: ________________ or GREEN CARD #: __________________________

4. __________________________________________________________________________________________________________

   (Mother's Name and Current Address, City, State, Country, Zip Code)

   __________________________ __________________________ __________________________

   (Father's Name and Current Address, City, State, Country, Zip Code)

5. Marital or Civil Union Status: _____Single _____Married or partner in a Civil Union. If "MARRIED or Partner in a Civil Union," please complete the following:

   On (Marriage or Civil Union Date) ______________________ in (City, State, Country) __________________________

   I married or entered into a Civil Union with (Name of Spouse or Civil Union Partner) __________________________ and

   since (Date) ______________________, we have been living at: __________________________ (Number and Street) __________________________ (City, State and Zip Code).

   At the time of our marriage or Civil Union, my Spouse or Civil Union Partner was a resident of (State) __________________________.

   SHE / HE IS / IS NOT attending Rutgers University. If "YES," name under which Spouse or Civil Union Partner is enrolled: __________________________

   Spouse or Civil Union Partner's Student I.D.: __________________________

   Spouse's or Civil Union Partner's School: __________________________ Spouse or Civil Union Partner is: _____Undergraduate _____Graduate
6. Name, Address, City, State and dates of last secondary school(s) you attended:

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

7. Name, Address, City, State and dates of attendance, and degree(s) conferred for ALL of your POST SECONDARY institutions:

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

8. All Addresses, Cities, States for the last four years including dates of extended periods of travel, if any:

FROM ___________ TO ___________

FROM ___________ TO ___________

FROM ___________ TO ___________

9. Last out-of-state Address, City, State:

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

10. Reason(s) for moving to New Jersey and future plans:

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

11. Employment history for the last three years. (Please list most recent Employer first, include Address, City, State):

FROM ___________ TO ___________

FROM ___________ TO ___________

FROM ___________ TO ___________

12. Please list, if any, accounts held at banks or savings institutions (include Bank Name, Full address, City, State, and Type of Account):

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

13. Please identify how your financial needs (i.e. college, tuition, living expenses, etc.) are being met, and identify who is funding those expenses:

_____________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________

14. For the most recent tax year ____________, I appeared as a dependent on the federal or state income tax return of Parent(s) / Guardian(s) Full Name's ________________________________________________________ whose relationship to me is _______________________________.

15. For the current tax year _______________, I WILL APPEAR as a dependent on the federal or state income tax of Parent(s) / Guardian(s) Full Name's ________________________________________________________ whose relationship to me is _______________________________.

**PART IIA - FOR UNDERGRADUATE STUDENTS**

**DOMICILE DATA - TO BE COMPLETED BY A, B, C or D BELOW - PLEASE ANSWER ALL QUESTIONS WITH FULL RESPONSES:**

(A) Your PARENT(S) or LEGAL GUARDIAN(S) (Legal Guardian is defined as a principal appointed by a U.S. Court to act "in loco parentis" for a minor (a person under 18 years of age)) if you are claiming residency as a "DEPENDENT STUDENT" or

(B) YOURSELF if you are claiming residency as an "INDEPENDENT STUDENT" or

(C) Your SPOUSE OR CIVIL UNION PARTNER if you are claiming residency by virtue of "Marriage to or Civil Union with a NEW JERSEY RESIDENT" or

(D) Yourself, if you are a newly admitted dependent student with out-of-state parent(s) or guardian(s) and you are claiming residency in New Jersey based on your own residency in New Jersey for 12 or more consecutive months prior to initial enrollment.
16. Name(s) of Self, Parent(s), or Guardian(s) - Include First, Middle / Maiden, and Last Name(s)

17. Relationship to Student:

18. My dwelling is: OWNED BY (Give Name(s) and Relationship): (Date of Deed) or LEASED from (Date) to (Date) or RENTED MONTH to MONTH at:

19. Address appearing on last April's (list most recent tax year) FEDERAL INCOME TAX Return:

20. For the last tax year, _______, I / WE FILED / DID NOT FILE a RESIDENT N.J. Personal Income Tax Return. I / WE FILED / DID NOT FILE a NONRESIDENT N.J. Personal Income Tax Return. I / WE FILED STATE INCOME TAX in (List state)

21. I / WE AM / ARE REGISTERED to vote in (Enter applicable state and registration date):

22. I / WE DO / DO NOT hold a valid driver's license. If "YES," please indicate: State(S) Date of Issue

23. I / WE DO / DO NOT own or lease a motor vehicle(s). If "YES," please indicate: State(s) in which Vehicle(s) is/are registered Car #1: State/Date of Issue Last Renewed Expiration Date

24. I / WE DO / DO NOT use a motor vehicle owned by another person. If you do use a vehicle, please indicate the state where vehicle is registered

25. I / WE have previously been licensed to drive in the state(s) of:

PART IIIA - FOR UNDERGRADUATE STUDENTS: TO BE COMPLETED BY PERSON(S) COMPLETING PART II (IF OTHER THAN STUDENT):

26. A. Person #1: U.S. citizen: YES NO; If "NO" please state: Visa Type or Green Card #

27. List ALL Addresses, Cities, States for the last three years (starting with most recent address) including dates of extended periods of travel, if any:

28. Reason(s) for moving to New Jersey & future plans:

29. Employment history for the last three years. (Please list most recent employer first, include Address, City, State):

30. Please list accounts held at New Jersey banks or savings institutions:

Bank or Savings Institution Address, City, State Type of Account
PART IIIB - FOR GRADUATE STUDENTS

DOMICILE DATA - TO BE COMPLETED BY A or B BELOW - PLEASE ANSWER WITH FULL RESPONSES.

___ (A) YOURSELF if you are claiming residency as an "INDEPENDENT STUDENT" or

___ (B) Your SPOUSE or CIVIL UNION PARTNER if you are claiming residency by virtue of "Marriage to or Civil Union with a NEW JERSEY RESIDENT"

16. Name of Person Identified in A or B above

17. Relationship to Student

18. My dwelling is OWNED BY: Give Name(s) and Relationship:

or LEASED from (Date)________ to (Date)________ or RENTED MONTH to MONTH at:

(Number and Street) (County, if New Jersey)

(City, State and Zip Code) (Telephone Number)

19. Address appearing on last April's (list most recent tax year)________ FEDERAL INCOME TAX Return

(Number and Street) (City, State, Zip Code)

20. For the last tax year ________, I Filed / Did not File a RESIDENT N. J. Personal Income Tax Return

IFiled / Did not File a NONRESIDENT N.J. Personal Income Tax Return

IFiled STATE INCOME TAX in ______________________ (List state)

21. I DO / DO NOT vote in (Enter applicable state and date of registration):

22. I DO / DO NOT hold a valid driver's license. If "YES," please indicate: State(s)________________ Date of Issue _______________

23. I DO / DO NOT own or lease a motor vehicle(s). If "YES," please indicate State(s) in which Registered ______________________

State/Date of Issue _______________ Last Renewed ___________ Expiration Date ______________

24. I DO / DO NOT use a motor vehicle owned by another person.

Your Relationship to the Owner ______________________

If you do use a vehicle, please indicate the state where vehicle is registered ______________________

25. I have previously been licensed to drive in the state(s) of: ______________________

PART IIIB - FOR GRADUATE STUDENTS

TO BE COMPLETED BY PERSON(S) COMPLETING PART II (IF OTHER THAN STUDENT)

26. U.S. Citizen: ________YES ________NO. If "NO" please state: Visa Type________ or Green Card #________

27. List ALL Addresses, Cities, States for the last three years (starting with most recent address) including dates of extended periods of travel, if any:

_________________________ FROM ________ TO ________

_________________________ FROM ________ TO ________

_________________________ FROM ________ TO ________

28. Reason(s) for moving to New Jersey and future plans:

29. Employment history for the last three years. (Please list most recent employer first, include Address, City, State):

FROM ________ TO ________

FROM ________ TO ________

FROM ________ TO ________

30. Please list accounts held at New Jersey banks or savings institutions:

Bank or Savings Institution __________ Address, City, State __________ Type of Account __________

_________________________ __________ __________

_________________________ __________ __________

PAGE 3 - GRADUATE STUDENTS
PART IV - VALIDATION

STUDENTS MUST SIGN THE STATEMENTS BELOW and obtain applicable signatures of PARENT(S), LEGAL GUARDIAN(S), or SPOUSE/CIVIL UNION PARTNER. ANY FALSE STATEMENT or withholding of pertinent information is a separable offense under the University’s Disciplinary Hearing Policy.

(A) STATEMENT BY SPOUSE or CIVIL UNION PARTNER (if applicable): The information provided herein is true to the best of my knowledge and belief.

Signature of Spouse________________________________________________    Date_________________________

(B) STATEMENT BY PARENT(S) OR LEGAL GUARDIAN(S) SUPPORTING THE DEPENDENT UNDERGRADUATE APPLICANT:

I / WE have contributed the following support to the applicant -List all support for prior year, current year, and for the next academic year:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount or Nature of Support:</th>
<th>Did you, or will you claim the applicant as a dependent on your federal or state income tax return?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________________________</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>__________________________</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>__________________________</td>
<td>YES</td>
</tr>
</tbody>
</table>

The information I / WE have provided herein is true and complete to the best of MY / OUR knowledge and belief.

Signature of Parent/Guardian________________________________________________________    Date________________________

Signature of Parent/Guardian _________________________________________________________    Date________________________

(C) STUDENT’S DISCLAIMER STATEMENT: I have read both the Rutgers University Policy Statement on Student Residency for Tuition Purposes and the Residency Analysis Instruction Page.

Signature of Student ________________________________________________________________    Date_____________________

(D) NOTARIZED STATEMENT BY STUDENT: I affirm that the information provided by me herein is true and complete to the best of my knowledge and belief. I understand that providing false information to the University is a separable offense under the Code of Student Conduct.

Signature of Student ________________________________________________________________    Date____________________________

(E) NOTARY SEAL and SIGNATURE of NOTARY:

Signature of Notary ___________________________    Date_____________________________

BE CERTAIN PRIMARY and SECONDARY DOCUMENTATION ACCOMPANIES THIS FORM, (SEE INSTRUCTIONS)

Revised 8/5/13

FAILURE TO PROVIDE ANSWERS TO EACH AND EVERY QUESTION IN THIS RESIDENCY ANALYSIS FORM (RAF) MAY RESULT IN THE UNIVERSITY’S INABILITY TO RULE ON THIS APPLICATION.
RETURN THIS FORM DIRECTLY TO:

N.J. DIVISION OF TAXATION
DOCUMENT CONTROL CENTER
P.O. BOX 269
TRENTON, NJ 08695-0269

1. Name and address as shown on tax return:
   Name: ____________________________________________________________________
   Street: ___________________________________________________________________
   City: ________________________________ State: _____________ Zip; ____________

2. Social Security Number, or any other number of identification shown on document:
   __________________________________ __________________________________

3. Telephone number(s) at which we can reach you during the day:
   __________________________________ __________________________________

4. Type of tax certification requested (check appropriate box, and the year(s) needed:

   Type                      Type                      Year(s) Needed
   Gross Income Tax          ________ / _________ / __________
   Corporation Business Tax* ________ / _________ / __________
   Sales Tax*               ________ / _________ / __________
   Business Personal Property Tax* ________ / _________ / __________
   W-3/NJ-500*              ________ / _________ / __________
   Other                    ________ / _________ / __________

5. Money enclosed: # of copies requested: DO NOT SEND CASH
   $__________  __________
   There is a $1.00 charge per side (the cost is usually $5.00) Make check or money order payable to:
   NJ DIVISION OF TAXATION

6. Current address, if different from above:
   Name: ____________________________________________________________________
   Street: ___________________________________________________________________
   City: ________________________________ State: _____________ Zip: ____________

Please sign the signature line below for all requests for copies to be processed.

   Signature: ___________________________ Date: ____________________________

* If you are not the person who signed the tax return, you must obtain a signed release form or affidavit from
the authorized officer of the corporation or the individual whose tax return you seek. If such person is unable to
sign the release form, we will need a "Power of Attorney" form, or other proof of authorization before we can honor
your request.
* Requests for copies of Corporation, Sales, NJ-500/W-3 or Business Personal Property Tax must be submitted on
company stationery and signed by an officer of the company.