



# Nevada System of Higher Education

## Residency Form

(Effective January 1, 2019)

**Attention:** Students who are U.S. military veterans or a spouse or dependent of a veteran, including those seeking coverage under **Section 702 of the U.S. Choice Act** and individuals using transferred benefits under the Post-9/11 Veterans Educational Assistance, please do not use this form; instead, please use the NSHE form linked here: [Veterans, Spouses and Dependents: Information Request Form for Determination of Tuition Charges](#)

### Submission Information

Submit this form and the required documentation by the institutional deadline to:

**IN PERSON or by MAIL to:**  
William S. Boyd School of Law  
Admissions & Financial Aid  
4505 S. Maryland Parkway,  
Box 451003  
Las Vegas, NV 89154-1003

**FAX to:**  
(702)895-1095

**EMAIL to:**  
ac@unlv.edu

|                                                                                                                                                                                                                                                                                                                                                     |           |                               |                                 |                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|---------------------------------|---------------------------------|
| Last Name                                                                                                                                                                                                                                                                                                                                           |           | First Name                    |                                 | MI                              |
| Date of Birth                                                                                                                                                                                                                                                                                                                                       | NSHE ID#  | Email Address                 | Phone Number                    |                                 |
| <b>Address</b>                                                                                                                                                                                                                                                                                                                                      |           |                               |                                 |                                 |
| Street                                                                                                                                                                                                                                                                                                                                              |           | City                          | State                           | Zip Code                        |
| <b>Year/Semester Applying for Residency</b>                                                                                                                                                                                                                                                                                                         |           |                               |                                 |                                 |
| Year: _____                                                                                                                                                                                                                                                                                                                                         | Semester: | <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Summer |
| I hereby certify that all statements are true and correct; and I fully understand the decision by an institution to grant resident student or nonresident student status for tuition purposes does not create a vested interest or right to rely on that decision if it was made in error by the institution or was obtained under false pretenses. |           |                               |                                 |                                 |
| Signature                                                                                                                                                                                                                                                                                                                                           |           |                               | Date                            |                                 |

### **Form Instructions**

Three (3) options are available for students to establish residency for tuition purposes under *Title 4, Chapter 15* of the Board of Regents Handbook:

- Option 1 – New/Current Students: Exemption from tuition. If you qualify under Option 1, do not complete Option 2 or Option 3.**  
**OR**
- Option 2 – New Students. If you do not qualify under Option 1, you must complete Part A and Part B to be considered for resident student status.**  
**OR**
- Option 3 – Current/Former Students: If you do not qualify under Option 1 and are seeking reclassification from non-resident status, go to Option 3. Do not complete Option 2.**

#### **Additional Information:**

After you submit this form to your NSHE institution in the manner prescribed by the institution, the institution may contact you to request additional information to verify the information submitted. **No decision will be retroactive.**

**OPTION 1: NEW/CURRENT STUDENTS – TUITION EXCEPTION**

| <b>If you qualify under one of these categories, check the box and submit the required documentation. Do NOT proceed to OPTION 2 or 3.</b> |                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|                                                                                                                                            | <b>Description</b>                                                                                                                                                                                                                        | <b>Required Documentation</b>                                                                                                                                                                                                                                                                                                                                                                                                | <b>Official Use Only</b> |
| <input type="checkbox"/>                                                                                                                   | Currently attending or a graduate of a Nevada high School                                                                                                                                                                                 | <input type="checkbox"/> If a graduate, an official Nevada high school transcript; or<br><input type="checkbox"/> If currently attending a Nevada high school, verification of enrollment from the high school                                                                                                                                                                                                               | Yes No                   |
| <input type="checkbox"/>                                                                                                                   | Currently attending or previously attended a Nevada System of Higher Education (NSHE) institution (i.e., UNLV, UNR, NSC, CSN, GBC, TMCC, WNC) as a Nevada resident for tuition purposes.                                                  | Documentation from NSHE institution indicating Nevada resident status                                                                                                                                                                                                                                                                                                                                                        | Yes No                   |
| <input type="checkbox"/>                                                                                                                   | <b>NSHE Employees:</b> A professional employee, classified employee, postdoctoral fellow, resident physician, or resident dentist currently employed at least half time, or the spouse or dependent child of such an employee.            | Copy of current employee contract or letter/documentation from Human Resources.<br><b>AND – if applicable:</b><br><input type="checkbox"/> For spouse, copy of marriage license or Declaration of Domestic Partnership.<br><input type="checkbox"/> For dependent, copy of the NSHE employee's federal income tax return or federal tax transcript for the most recent tax year.                                             | Yes No                   |
| <input type="checkbox"/>                                                                                                                   | A graduate student enrolled in the NSHE and employed by the System in support of its instructional or research programs ( <i>this form may not be necessary—verify with Registrar</i> )                                                   | Documentation or confirmation from NSHE institution indicating status as a graduate student and NSHE employment in support of instructional or research programs                                                                                                                                                                                                                                                             | Yes No                   |
| <input type="checkbox"/>                                                                                                                   | Graduate Fellow                                                                                                                                                                                                                           | Documentation or confirmation from NSHE institution indicating status as a "graduate fellow"                                                                                                                                                                                                                                                                                                                                 | Yes No                   |
| <input type="checkbox"/>                                                                                                                   | A member of the Armed Forces of the United States, on active duty, stationed in Nevada as a result of a permanent change of duty station pursuant to military orders, or a person whose spouse, parent or legal guardian of such a person | Copy of military orders indicating Nevada as a permanent duty station<br><b>AND – if applicable:</b><br><input type="checkbox"/> For spouse, copy of Military ID, <u>or</u> marriage license, <u>or</u> Declaration of Domestic Partnership.<br><input type="checkbox"/> For dependent, copy of Military ID <u>or</u> the member's federal income tax return or federal tax transcript for the most recent tax year.         | Yes No                   |
| <input type="checkbox"/>                                                                                                                   | A U.S. Marine stationed at Pickel Meadows, California as a result of a permanent change of duty station pursuant to military orders, or the spouse, parent or legal guardian of such a person                                             | Copy of military orders indicating Pickel Meadows as a permanent duty station<br><b>AND – if applicable:</b><br><input type="checkbox"/> For spouse, copy of Military ID, <u>or</u> marriage license, <u>or</u> Declaration of Domestic Partnership.<br><input type="checkbox"/> For dependent, copy of Military ID <u>or</u> the member's federal income tax return or federal tax transcript for the most recent tax year. | Yes No                   |
| <input type="checkbox"/>                                                                                                                   | Member of a federally recognized Native American tribe, who does not otherwise qualify as a Nevada resident, and who currently resides on tribal lands located wholly or partially within the boundaries of the State of Nevada.          | <input type="checkbox"/> Proof of tribal membership (i.e. tribal card or similar documentation); and<br><input type="checkbox"/> Proof of address on tribal lands                                                                                                                                                                                                                                                            | Yes No                   |
| <input type="checkbox"/>                                                                                                                   | U.S. military veterans, a spouse or dependent of a veteran, and those seeking coverage under Section 702 of the U.S. Choice Act, including individuals using transferred benefits under the Post-9/11 Veterans Educational Assistance     | <b>Do not use this form. Please use the NSHE form linked here or contact your institution for more information: <a href="#">Veterans, Spouses and Dependents: Information Request Form for Determination of Tuition Charges</a></b>                                                                                                                                                                                          |                          |

***If you checked one of the boxes under Option 1, STOP. If not, continue to Option 2.***

**OPTION 2: NEW STUDENTS WHO DO NOT QUALIFY FOR AN EXEMPTION UNDER OPTION 1****A student requesting resident student status under OPTION 2 must complete Part A and Part B.**

| <b>OPTION 2/PART A – EVIDENCE OF NEVADA RESIDENCY</b> |                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|                                                       | <b>Description</b>                                                                                                                                                                                                                                                                                                    | <b>Required Documentation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Official Use Only</b> |
| <input type="checkbox"/>                              | <p>A <b>financially dependent*</b> person whose spouse, family or legal guardian is a bona fide resident of the State of Nevada for at least 12 months immediately prior to the date of matriculation.</p> <p>*An institution may require a student to submit a birth certificate or proof of legal guardianship.</p> | <p><input type="checkbox"/> <b>To establish dependency:</b> A copy of parent/legal guardian/spouse federal income tax return or federal tax transcript with a Nevada address** for the most recent tax year filed listing the student as a dependent or spouse.</p> <p><b>AND at least one</b> of the following documents for the parent/legal guardian/spouse issued at least 12 months prior to the first day of instruction:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of Nevada as the spouse's, parents' or legal guardian's permanent, primary residence (i.e. home ownership, a lease agreement, rent receipts, utility bills)</li> <li><input type="checkbox"/> Nevada driver's license</li> <li><input type="checkbox"/> Nevada identification card</li> <li><input type="checkbox"/> Nevada vehicle registration</li> <li><input type="checkbox"/> Nevada voter registration</li> </ul> <p>**If the federal tax return/tax transcript does not have a Nevada address, additional documentation may be required.</p>                                                                                         | Yes No                   |
| <input type="checkbox"/>                              | <p>A <b>financially dependent</b> person whose spouse, family, or legal guardian has relocated to Nevada for the primary purpose of permanent full-time employment in Nevada or to establish a business in and living in Nevada.</p>                                                                                  | <p><input type="checkbox"/> <b>To establish dependency:</b> A copy of parent/legal guardian/spouse federal income tax return or federal tax transcript for the most recent tax year filed listing the student as a dependent or spouse.</p> <p><b>AND at least one</b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation from employer or Registered Apprenticeship Program on company letterhead indicating start date in Nevada and permanent, full time employment in Nevada; or</li> <li><input type="checkbox"/> A copy of a Nevada business license and proof that the business is in operation.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Yes No                   |
| <input type="checkbox"/>                              | <p>A <b>financially independent</b> person who is a bona fide resident of the State of Nevada for at least 12 months immediately prior to the date of matriculation.</p>                                                                                                                                              | <p><b>Students under age 24 – to establish financial independence:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A copy of parent/legal guardian federal income tax return or federal tax transcript for the most recent tax year that indicates the student was not claimed as a dependent.</li> </ul> <p><b>ALL Students: At least ONE</b> of the following documents for the student issued at least 12 months prior to the first day of instruction:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of physical, continuous presence in Nevada for 12 months (i.e. home ownership, a lease agreement, rent receipts, utility bills)</li> <li><input type="checkbox"/> A copy of the student's federal tax return or federal tax transcript for the most recent tax year indicating a Nevada address (if 12 months are reflected)</li> <li><input type="checkbox"/> Nevada driver's license</li> <li><input type="checkbox"/> Nevada identification card</li> <li><input type="checkbox"/> Nevada vehicle registration</li> <li><input type="checkbox"/> Nevada voter registration</li> </ul> | Yes No                   |
| <input type="checkbox"/>                              | <p>A <b>financially independent</b> person who has relocated to Nevada for the primary purpose of permanent full-time employment in Nevada or to establish a business in and living in Nevada.</p>                                                                                                                    | <p><b>ONE</b> of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation from employer or Registered Apprenticeship Program on company letterhead indicating start date in Nevada and permanent, full time employment in Nevada; or</li> <li><input type="checkbox"/> A copy of a Nevada business license and proof that the business is in operation.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes No                   |
| <input type="checkbox"/>                              | <p>Licensed educational personnel employed full-time by a public school district in Nevada, or the spouse or dependent child of such an employee.</p>                                                                                                                                                                 | <p>Copy of current employment contract.</p> <p><b>AND – if applicable:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> For spouse, copy of marriage license or Declaration of Domestic Partnership.</li> <li><input type="checkbox"/> For dependent, copy of federal income tax return or federal tax transcript for the most recent tax year.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes No                   |

| OPTION 2/PART A – EVIDENCE OF NEVADA RESIDENCY |                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                   |                   |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
|                                                | Description                                                                                                                                                                                                                           | Required Documentation                                                                                                                                                                                                                                                                                            | Official Use Only |
| <input type="checkbox"/>                       | A teacher who is currently employed full-time by a private elementary, secondary or postsecondary educational institution or the spouse or dependent child of such an employee.                                                       | Copy of current employment contract.<br><b>AND – if applicable:</b><br><input type="checkbox"/> For spouse, copy of marriage license or Declaration of Domestic Partnership.<br><input type="checkbox"/> For dependent, copy of federal income tax return or federal tax transcript for the most recent tax year. | Yes No            |
| <input type="checkbox"/>                       | U.S. military veterans, a spouse or dependent of a veteran, and those seeking coverage under Section 702 of the U.S. Choice Act, including individuals using transferred benefits under the Post-9/11 Veterans Educational Assistance | <b>Do not use this form. Please use the NSHE form linked here or contact your institution for more information: <a href="#">Veterans, Spouses and Dependents: Information Request Form for Determination of Tuition Charges</a></b>                                                                               |                   |

**After completing Option 2/Part A, continue to Option 2/Part B.**

| OPTION 2/PART B – NON-U.S. CITIZENS LAWFULLY PRESENT IN THE U.S.                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                  |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>A student who is not a citizen of the United States but who is lawfully present in the United States may be considered for resident student status.</b>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                  | Official Use Only |
| I am a U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," stop.<br>If "No," continue with Part B.                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                  | Yes No            |
| <b>If you are not a U.S. citizen and are lawfully presented in the United States, you must present documentation from one of the following categories to be considered for resident student status:</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                  |                   |
|                                                                                                                                                                                                         | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Required Documentation                                                                                                                           | Official Use Only |
| <input type="checkbox"/>                                                                                                                                                                                | <b>Permanent Immigrant Visa, a Temporary Resident Alien Card, or Official Asylum or Refugee Status</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Copy of permanent immigrant visa, alien resident card, or proof of official asylum or refugee status.                                            | Yes No            |
| <input type="checkbox"/>                                                                                                                                                                                | <b>Approved immigrant petition as a result of marriage to a U.S. citizen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Proof of approved immigrant petition.                                                                                                            | Yes No            |
| <input type="checkbox"/>                                                                                                                                                                                | <b>Nonimmigrant Visa Classification–Check box below that applies</b><br><input type="checkbox"/> Foreign Government Official (A-1, A-2 or A-3)<br><input type="checkbox"/> Treaty Traders and Treaty Investors (E-1, E-2 or E-3)<br><input type="checkbox"/> Foreign Government Officials to International Organizations (G-1, G-2, G-3, G-4, G-5)<br><input type="checkbox"/> Temporary Workers (H-1B, H-1C, H4)<br><input type="checkbox"/> Foreign Media Representative (I)<br><input type="checkbox"/> Fiancé or spouse of U.S. citizen (K-1, K-2, K-3, K-4)<br><input type="checkbox"/> Intracompany Transferee (L-1A, L-1B, L-2)<br><input type="checkbox"/> Certain Parents and Children of Special Immigrants (N-8, N-9)<br><input type="checkbox"/> North Atlantic Treaty Organization: (NATO-1, NATO-2, NATO-3, NATO 4, NATO-5, NATO-6, NATO-7)<br><input type="checkbox"/> Workers with Extraordinary Abilities (O-1, O-3)<br><input type="checkbox"/> Athletes and Entertainers (P-1, P-2, P-3, P-4)<br><input type="checkbox"/> Religious Workers (R-1, R-2)<br><input type="checkbox"/> Witness or Informant (S-5, S-6, S-7)<br><input type="checkbox"/> Victims of a Severe Form of Trafficking in Persons (T-1, T-2, T-3, T-4, T-5)<br><input type="checkbox"/> Victims of Certain Crimes (U-1, U-2, U-3, U-4, U-5)<br><input type="checkbox"/> Certain Second Preference Beneficiaries (V-1, V-2, V-3) | <input type="checkbox"/> Copy of your I-94 (Arrival/Departure Record)<br><br><b>AND</b><br><input type="checkbox"/> Proof of Visa Classification | Yes No            |

**If you checked one of the boxes under Options 1 or 2, STOP.**

**If not and if you are a current or former student who is seeking reclassification after previously being classified as a nonresident student, go to Option 3.**

**OPTION 3: RESIDENCY RECLASSIFICATION****CURRENT AND FORMER NSHE STUDENTS PREVIOUSLY CLASSIFIED AS NONRESIDENT STUDENTS****WICHE WUE**

**SPECIAL NOTE:** Residence in a neighboring state other than Nevada is a continuing qualification for enrollment in the WICHE Western Undergraduate Exchange (WUE) program at an NSHE institution. A student who initially attended an NSHE institution under the WICHE WUE program shall not be reclassified as a resident student following matriculation. A nonresident student who subsequently disenrolls from the WICHE WUE program and pays full nonresident tuition **for at least twelve months** may apply for reclassification to resident student status. An application for reclassification may be submitted under the provisions of this option if the material facts of a student's residency or the residency of the student's spouse, parent or legal guardian have substantially changed following matriculation.

**Instructions:** Residency reclassification applies to students who have been previously enrolled in an NSHE institution. A nonresident who enrolls in an NSHE institution shall continue to be classified as a nonresident student throughout the student's enrollment, unless and until the student demonstrates that his or her previous residence has been abandoned and that the student is a Nevada resident. Determinations of residence shall be made on a case-by-case basis after consideration of all available and pertinent evidence.

**No Refunds:** No reclassification pursuant to this option shall give rise to any claim for refund of tuition already paid to the Nevada System of Higher Education.

You must Satisfy Each of the First Three (3) Categories below and Category 4, if applicable.

**Category 1 – Written Declaration of Intent to Relinquish Residence in another State****Application and Written Declaration**

I hereby declare that I have abandoned any domicile or residence in any state or commonwealth of the United States of America other than the State of Nevada and I further certify that I have established a bona fide domicile or residence in the State of Nevada with the intent of making Nevada my true, fixed and permanent home and place of habitation, having clearly abandoned my former domicile or residence and having no intention to make any other location outside the State of Nevada my home and habitation.

I further certify that I have been domiciled or resident in the State of Nevada for at least twelve (12) months immediately prior to the date of my application for Nevada Reclassification and that, therefore, I have been physically present and residing in Nevada for that entire period of time, excluding temporary, short-term absences for business or pleasure.

Name \_\_\_\_\_ NSHE ID \_\_\_\_\_

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

**For financially dependent students:**

Parent/Spouse Name \_\_\_\_\_

Parent/Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

*Notice: Filing a false application for residency reclassification will result in the payment of nonresident tuition for the period of time a student was enrolled as a resident student and may also lead to disciplinary sanctions, including but not limited to a warning, reprimand, probation, suspension or expulsion, pursuant to Board or institutional policy.*

**Continue to Category 2.**

**Category 2 – Financial Status**

**Check the box below that applies to you and submit the required documentation.**

|                          | Description                    | Required Documentation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Official Use Only |    |
|--------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----|
|                          |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes               | No |
| <input type="checkbox"/> | <b>Financially Independent</b> | <input type="checkbox"/> A copy of the student’s tax return or federal tax transcript for the most recent tax year indicating a Nevada address. If no federal tax return has been filed by the student because of minimal or no taxable income, include documented information concerning the receipt of such nontaxable income; and<br><input type="checkbox"/> <b>If the student is under the age of 24</b> , a copy of parent/legal guardian federal income tax return or federal tax transcript for the most recent tax year that indicates the student was not claimed as a dependent. |                   |    |
| <input type="checkbox"/> | <b>Financially Dependent</b>   | <input type="checkbox"/> A copy of parent/legal guardian/spouse federal income tax return or federal tax transcript for the most recent tax year indicating a Nevada address listing the student as a dependent or spouse.<br><b>NOTE:</b> A dependent person whose parent or legal guardian is a nonresident is not eligible for reclassification to resident student status.                                                                                                                                                                                                              |                   |    |

**Continue to Category 3.**

**Category 3 – Bona Fide Residence and Intent to Remain in Nevada – Must complete A and B below**

The student, or the parents or legal guardian of the student, must document continuous physical presence as a Nevada resident for at least twelve (12) months immediately prior to the date of the application for residency reclassification as well as clear and convincing, objective evidence of intent to remain a Nevada resident.

A. Recent Address(es) – Please indicate you or your spouse’s, parent(s)’s, or legal guardian’s physical address for the last 12 months, starting with the most recent.

| Physical Address | Dates Occupied |
|------------------|----------------|
|                  |                |
|                  |                |
|                  |                |

B. Evidence - No fewer than four (4) of the following pieces of documentation must be submitted by the student or the parents or legal guardian of the student, depending on financial status claimed under Category 2. Any evidence or documentation must be issued 12 months prior to the first day of the semester for which reclassification is requested.

|                          | Required Documentation                                                                                                                                                                                                                      | Official Use Only |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <input type="checkbox"/> | Ownership of a home in Nevada (mortgage statement or deed)                                                                                                                                                                                  | Yes No            |
| <input type="checkbox"/> | Lease of living quarters in Nevada (lease agreement)                                                                                                                                                                                        | Yes No            |
| <input type="checkbox"/> | Utility receipts for the home or leased quarters                                                                                                                                                                                            | Yes No            |
| <input type="checkbox"/> | Nevada driver’s license or Nevada identification card                                                                                                                                                                                       | Yes No            |
| <input type="checkbox"/> | Nevada vehicle registration                                                                                                                                                                                                                 | Yes No            |
| <input type="checkbox"/> | Nevada voter registration                                                                                                                                                                                                                   | Yes No            |
| <input type="checkbox"/> | Employment in Nevada (letter from employer or Registered Apprenticeship Program on company letterhead, W-2 income tax form, or pay stub from 12 months prior to application date with Nevada-based employer)                                | Yes No            |
| <input type="checkbox"/> | A license for conducting a business in Nevada                                                                                                                                                                                               | Yes No            |
| <input type="checkbox"/> | Admission to a licensed practicing profession in Nevada                                                                                                                                                                                     | Yes No            |
| <input type="checkbox"/> | Registration or payment of taxes or fees on a home, vehicle, mobile home, travel trailer, boat or any other item of personal property owned or used by the person for which state registration or payment of a state tax or fee is required | Yes No            |
| <input type="checkbox"/> | A Nevada address listed on Selective Service registration                                                                                                                                                                                   | Yes No            |
| <input type="checkbox"/> | Evidence of active savings or checking accounts in Nevada financial institutions                                                                                                                                                            | Yes No            |
| <input type="checkbox"/> | Evidence of summer term enrollment at a NSHE institution within the prior academic year                                                                                                                                                     | Yes No            |
| <input type="checkbox"/> | Any other evidence that objectively documents intent to abandon residence in any other state and to establish a Nevada residence (provide additional evidence along with statement explaining how such evidence meets the qualification)    | Yes No            |

**After completing Categories 1-3, continue to Category 4, if applicable.**

**If Applicable, Category 4 – Non-U.S. Citizen Seeking Reclassification**

An individual who is not a U.S. citizen but who is lawfully present in the U.S. and is seeking reclassification from nonresident to resident student status must also present documentation from one of the categories below.

|                          | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Required Documentation                                                                                                                           | Official Use Only |    |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----|
| <input type="checkbox"/> | <b>Permanent Immigrant Visa, a Temporary Resident Alien Card, or Official Asylum or Refugee Status</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Copy of permanent immigrant visa, alien resident card, or proof of official asylum or refugee status.                                            | Yes               | No |
| <input type="checkbox"/> | <b>Approved immigrant petition as a result of marriage to a U.S. citizen</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Proof of approved immigrant petition.                                                                                                            | Yes               | No |
| <input type="checkbox"/> | <b>Nonimmigrant Visa Classification—Check box below that applies</b><br><input type="checkbox"/> Foreign Government Official (A-1, A-2 or A-3)<br><input type="checkbox"/> Treaty Traders and Treaty Investors (E-1, E-2 or E-3)<br><input type="checkbox"/> Foreign Government Officials to International Organizations (G-1, G-2, G-3, G-4, G-5)<br><input type="checkbox"/> Temporary Workers (H-1B, H-1C, H4)<br><input type="checkbox"/> Foreign Media Representative (I)<br><input type="checkbox"/> Fiancé or spouse of U.S. citizen (K-1, K-2, K-3, K-4)<br><input type="checkbox"/> Intracompany Transferee (L-1A, L-1B, L-2)<br><input type="checkbox"/> Certain Parents and Children of Special Immigrants (N-8, N-9)<br><input type="checkbox"/> North Atlantic Treaty Organization: (NATO-1, NATO-2, NATO-3, NATO 4, NATO-5, NATO-6, NATO-7)<br><input type="checkbox"/> Workers with Extraordinary Abilities (O-1, O-3)<br><input type="checkbox"/> Athletes and Entertainers (P-1, P-2, P-3, P-4)<br><input type="checkbox"/> Religious Workers (R-1, R-2)<br><input type="checkbox"/> Witness or Informant (S-5, S-6, S-7)<br><input type="checkbox"/> Victims of a Severe Form of Trafficking in Persons (T-1, T-2, T-3, T-4, T-5)<br><input type="checkbox"/> Victims of Certain Crimes (U-1, U-2, U-3, U-4, U-5)<br><input type="checkbox"/> Certain Second Preference Beneficiaries (V-1, V-2, V-3) | <input type="checkbox"/> Copy of your I-94 (Arrival/Departure Record)<br><br><b>AND</b><br><input type="checkbox"/> Proof of Visa Classification | Yes               | No |

**For Official Use Only**

Option 1     Option 2     Option 3

Approved     Denied    Initials \_\_\_\_\_    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_