

AUBURN UNIVERSITY

Application for Reclassification of Residence for Tuition Purposes

TYPE OF APPEAL _____
(Example: DEPENDENT OF RESIDENT or FINANCIALLY INDEPENDENT RESIDENT)

SEMESTER REQUESTED _____

NAME OF STUDENT _____

AU Student ID Number _____

NAME OF PARENT OR SPOUSE: _____

(If Applicable)

LOCAL ADDRESS _____
Street and number City State Zip

PERMANENT ADDRESS _____
Street and number City State Zip

TELEPHONENUMBER (____) _____

AU EMAIL ADDRESS _____

OTHER EMAIL _____

United States Citizen: Yes____No____ **OR** Permanent Resident: Yes____No____

Packets/checklists must contain all requested documentation. Incomplete applications will not be considered.

Please note: Supplying all documents required for a residency appeal does NOT guarantee residency but allows us to assess each situation and apply Alabama law accordingly.