RESIDENCY APPEAL

Complete either the Affidavit of Residency or the Residency Exception Verification section of this form, attach documentation and submit your appeal form to the Student Success Center no later than 20 days after the start of the fall or spring semester or 10 days for the summer semester. Refer to www.jccc.edu/calendars for dates during each semester. You will receive written notification of the decision of this appeal within two weeks of submission.

Student Name: _____________________________________________________________________________________
Student Address: ____________________________________________________________________________________
City, State, ZIP: _____________________________________________________________________________________
JCCC ID#: ___________________________                                         Phone Number: _______________________________

Your residential address on the first day of the semester will be considered in the appeal. Complete information regarding residency can be found at www.jccc.edu/admissions/apply/residency.html.

All residency classifications are determined by the Admissions Office based upon the information the student provides in applying for admission and/or financial aid. JCCC subscribes to the National Change of Address service and will change your address when notified by the post office. This information will also play a role in your residency appeal.

You are required to be a resident of Kansas for six consecutive months prior to the start of the semester in order to qualify for in-state tuition. Living in a dormitory, fraternity, sorority, etc., in Kansas does not qualify for in-state tuition. A student with a dual-intent type of visa needs to be in the process of obtaining a resident alien card and must show proof by submitting his/her I-485 to the International and Immigrant Student Services Office to be eligible for in-state tuition rates.

AFFIDAVIT OF RESIDENCY

I have lived in the state of Kansas for at least six months prior to the start of the ____________________ semester. This form MUST be signed in the presence of a notary public and notarized to be accepted.

I, ___________________________________, the undersigned, hereby state that I moved to Kansas on ______________, and at that time I acquired a residence through purchase, rent or otherwise, and that I intend to live in Kansas continuously on a permanent or indefinite basis.

I further state that on this date my permanent residence is the address listed above, and that I have provided three (3) of the following items, all dated at least six (6) months, but not more than one (1) year, before the start of the ______________ semester.

☐ Receipt for purchase of Kansas motor vehicle license tags
☐ Receipt for payment of Kansas property tax
☐ Employment verification or payroll check stubs from employer, showing Kansas address
☐ Copy of Kansas voter’s registration card
☐ Copy of Kansas driver’s license
☐ Bank statements, utility and/or rent receipts showing Kansas address
☐ Notarized verification from a Kansas resident that I have resided with him/her/them for the six months prior to the start of the term. (Include a copy of that person’s Kansas driver’s license.)

Student Signature:  _______________________________________________              Date: ________________________

FOR NOTARY USE ONLY
I have verified the signature of the student (above).
Subscribed and sworn to me this ________________ day of ________________, 20_____.
Seal:  

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RESIDENCY EXCEPTION VERIFICATION

Per state statute, there are exceptions to the six-month residency requirement. If one of these applies to you or your spouse, or you are the dependent of someone these apply to, please check the box next to the exception and attach the appropriate proof.

☐ Persons (or his/her dependent) who are in active military service of the United States, regardless of residence.
  ✔ Attach active duty paperwork.

☐ A veteran of the armed forces (or his/her dependent) who has established residence in Kansas but who does not meet the six-month residency requirement.
  ✔ Attach DD214.

☐ Persons having special parental circumstances.
  ✔ Attach copy of parent’s tax return showing dependency
  ✔ Attach a copy of the divorce decree and proof of residency of Kansas parent

☐ Persons who are not residents of the state, who have graduated from a high school accredited by the state board of education within six months of enrollment at a community college, who were residents of the state at the time of graduation from high school or within 12 months prior to graduation from high school.
  ✔ Attach copy of high school transcript or verification of Kansas address on school letterhead.

☐ Persons who are residents of the state, whose residence was established in the state for the purpose of accepting, upon recruitment by an employer, or retaining, upon transfer required by an employer, a position of full-time employment at a place of employment in Kansas, but the residence of whom was not timely enough established to meet the residence duration requirement.
  ✔ Have employer complete the “Certification of Kansas Employment” section below.

CERTIFICATION OF KANSAS EMPLOYMENT

Complete this section if you were recruited or transferred to work in Kansas and have established a residence in Kansas. A copy of the student’s Kansas driver’s license MUST be attached and the signature of the company representative must be notarized for this form to be accepted.

(spouse)

The undersigned hereby certifies that ____________________________, who is the (same)

of (as) ____________________________ (student) was:

☐ Recruited – meaning the company pursued the employee, not that the employee applied for an open position

☐ Required to transfer

to accept a position of full-time employment (at least 1,500 hours of work per year) as a:

Job Title: ________________________________________________________________

Company Name: __________________________________________________________

Company Address: _________________________________________________________

Print Name of Authorized Company Representative: ____________________________

Title of Representative: ____________________________________________________

Signature of Representative: _______________________________________________

FOR NOTARY USE ONLY

I have verified the signature of the company representative (above).

Subscribed and sworn to me this _________________ day of ___________________, 20__.

Seal: