

**APPLICATION
FOR NEW YORK STATE RESIDENCY STATUS/RESIDENT TUITION**

STATE UNIVERSITY OF NEW YORK
College of Agriculture and Technology
Cobleskill, New York 12043
Student Accounts 518-255-5539
Fax 518-255-5844
studentaccounts@cobleskill.edu

Part A (must be completed by all applicants)

1. Last Name: _____ First Name: _____ Middle: _____

2. Student ID#: _____ Date of Birth: _____ Phone No.: _____
Email address: _____

3. Are you a U.S. citizen? Yes _____ No _____ Are you a permanent resident alien? Yes _____ No _____
Registration Number #A _____ (attach copy)
Are you here on a visa? Yes _____ No _____ Type: _____ Expiration Date: _____ (attach copy)

4. Did you a.) attend a New York high school for two or more years and b.) graduate from that high school and c.) applied to SUNY within five years of graduation? Yes _____ No _____ (a., b. and c. need to be yes in order to mark yes)

High school name: _____

High school location (city & state): _____

Period of attendance: _____ Graduation Date: _____

5. Do you have a GED issued by NYS and your application to SUNY is within 5 years of its issue date?
Yes _____ No _____ Date issued: _____

If you answered "yes to question 4 or 5 and are a U.S. citizen or permanent resident alien, sign below and submit Part A, you do not need to complete any further sections of this form, your residency for tuition billing purposes will be updated to in state upon receipt of your official New York State high school transcript or New York State GED.

If you answered "yes" to question 4 or 5 and do not currently have lawful immigration status but have filed an application to legalize your immigration status or will file such an application as soon as you are eligible to do so, you must complete Part B of this Application (affidavit) before a Notary Public.

If you answered "no" to question 4 or 5 and are a U.S. citizen, permanent resident alien, or have a visa type eligible to qualify for resident tuition, you must complete Part C of this Application and have the application notarized.

TO BE COMPLETED BY ALL STUDENTS: I certify that all information provided and all statements made in all sections of this Application are true and correct to the best of my knowledge. I understand if I provide false information or withhold relevant information in order to obtain the resident tuition rate, SUNY may revoke its determination of eligibility for the resident tuition rate and I will owe non-resident tuition to SUNY Cobleskill for each semester that I have attended under these circumstances. I also may be subject to disciplinary action.

STUDENT SIGNATURE _____ DATE: _____

**APPLICATION
FOR NEW YORK STATE RESIDENCY STATUS/RESIDENT TUITION**

STATE UNIVERSITY OF NEW YORK
College of Agriculture and Technology
Cobleskill, New York 12043
Student Accounts 518-255-5539
Fax 518-255-5844
studentaccounts@cobleskill.edu

Part B STUDENT AFFIDAVIT OF INTENT TO LEGALIZE IMMIGRATION STATUS

STATE OF NEW YORK:

COUNTY OF _____:

_____, being duly sworn, deposes and says
(Student's name)

that he/she does not currently have lawful immigration status but has filed an application to legalize his/her immigration status
or will file such an application as soon as he/she is eligible to do so.

(Student's signature)

Sworn to before me this ____ day of _____, 20____.

(Notary Public)

**APPLICATION
FOR NEW YORK STATE RESIDENCY STATUS/RESIDENT TUITION**

STATE UNIVERSITY OF NEW YORK
College of Agriculture and Technology
Cobleskill, New York 12043
Student Accounts 518-255-5539
Fax 518-255-5844
studentaccounts@cobleskill.edu

Part C – To be filled out if question 4 or 5 from Part A is no, and you are a U.S. citizen, permanent resident alien or have a visa type eligible to qualify for resident tuition

Telephone Number: _____ Email Address: _____

Address: _____
Street City State Zip

Length of time at this address: _____ Years / _____ Months
If less than three years, list your prior addresses below

<u>From</u>	<u>To</u>	<u>Street</u>	<u>City</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever received a state award (TAP, Regents Scholarship)?
Yes _____ No _____ If yes, what institution? _____

Driver License and Vehicle Information

Do you have a Driver's License? Yes _____ No _____ If yes, in what state? _____ (Attach Copy)
Date issued: _____
Do you own a car? Yes _____ No _____ If yes, in what state is your car registered? _____ (Attach Copy)
Date issued: _____
Will you be registering a vehicle with University Police? Yes _____ No _____
If yes, state registered: _____ (Attach Copy)

Voter Registration Information

Are you a registered voter?
Yes _____ No _____ If yes, state of registration: _____ Registration date _____ (attach copy)

APPLICATION
FOR NEW YORK STATE RESIDENCY STATUS/RESIDENT TUITION

Part D – To be completed by the parent or the custodial parent with whom the student lives or who will be claimed as your dependent for income tax purposes.

Name: _____ Relationship: _____

Permanent Address: _____

Length of time at this address: _____ Telephone Number: () _____ - _____

Previous Address: _____

Citizenship: USA _____ Other _____ If other, list visa type (Attach Copy)

Please list states in which you filed or will file resident taxes during the last two years; and current year:

20 ____ 20 ____ 20 ____ (Attach copy of most recent Federal and State Income Tax)

Do you have a Driver's License? Yes _____ No _____ If yes, in what state: _____ Date Issued _____ (Attach Copy)

Do you own a car? Yes _____ No _____ If yes, state registered? _____ Date Issued _____ (Attach Copy)

Parent/custodial parent's Affirmation

The following statement must be completed and notarized before a Notary Public.

I hereby certify that the above applicant is applying with my knowledge for New York State residency status at the State University of New York, College of Agriculture and Technology at Cobleskill.

STATE OF NEW YORK
COUNTY OF _____

I, _____ do hereby affirm that all the information provided on this form and any attachments thereto, are accurate, complete and true to the best of my knowledge.

Signature of Applicant

Sworn to before me this _____ Day of _____, 20 ____

(Notary Public)