



The College of New Jersey  
Office of Records and Registration  
P.O. Box 7718, Ewing, NJ 08625-0718  
Phone: (609)771-2141 Fax: (609)637-5184

**Residency Analysis Form**

The College of New Jersey requests this information for the purpose of determining residence classification pursuant to New Jersey Statute 18A:62.4 (residency requirement) and N.J.S.A. 18A:62.4.1 (resident tuition for military personnel). All information is confidential based on the College's compliance with FERPA. Responses to all items are required. If you fail to provide the required information or documentation as noted, the College may not act on this application.

Date:  PAWS ID:  Effective Semester

1) Last Name:  First Name:  Middle:

2) Current Address  City  State  Zip Code

3) Permanent Address  City  State  Zip Code

4) Birth date:  Birthplace:    
City State/Country

5) (For aliens only) What is your current visa application?  **(Provide Copy) (If Permanent Resident, please provide photocopy of "green card" - I551 Resident Alien Card)**

6) Date you moved to New Jersey:  A) Reasons for coming to New Jersey and future plans:  
B) Last out-of-state Address:  
Street   
City  State  Zip Code

**Dependent Students** (Students who are claimed as dependents on income tax returns or whose primary support is provided by parents/guardians.)

9) Parents' names   
Address (1)   
Address (2) (if addresses are different)   
If under guardianship, list the name and address of guardian   
 (Provide certified copy of court order)

10) Did your parents/guardians claim you as a dependent on their last federal income tax return?  Yes  No

a. Last year claimed  **(Please provide copy)**

b. Will they claim you for this tax year?  Yes  No

**For office use only:**  
**Date received** \_\_\_\_\_  
**Decision:** \_\_\_\_\_  
**Effective Date:** \_\_\_\_\_

**Comments:**

c. In what state did your parents/ guardians file their state income tax return?

**(Please provide a copy of the income tax return if filed in NJ)**

(State, year)

**Independent Students** (Student is married or provides own financial support)

11) If married, please give name of spouse and date married

a. Address of spouse:

b. Is spouse currently attending TCNJ?  Yes  No If yes, please provide social security #:

c. If you are employed, please state occupation, employer, and number of hours worked each week.

d. If you or your spouse is employed, did you file a New Jersey State Income Tax Return for last year?

 Yes No

**(If yes, please provide a copy of your return.)**

12. Name, location, and dates of last secondary school(s) attended:

13. Name, location, dates of attendance, and degree(s) conferred for all post-secondary institutions:

14. Employment history for the last three (3) years. (Most recent employer and address listed first.)

Employer

Address

Dates Employed

Employer

Address

Dates Employed

Employer

Address

Dates Employed

Employer

Address

Dates Employed

15. On a separate **typed** page, please describe in **detail** the sources of support for this and the next calendar year. Include all periods of employment, all types of loans/grants/scholarships from any source, all amounts of financial support received from parents or other persons, and the date such support ended or will end. In addition, please list, if any, accounts held at banks or savings institutions and the addresses.

16. On a separate **typed** page, state why you believe you should be classified as a New Jersey resident and what steps you have taken to establish your permanent residence in New Jersey. (Be specific and able to supply documents in support of your application, such as employment verification, tax forms, driver's license, etc.)

17. Validation Statement

a. By spouse (if applicable):

I certify that the information contained in the application is true, correct, and complete.

\_\_\_\_\_  
Signature of Spouse (if applicable)

\_\_\_\_\_  
Date:

b. By parent(s)/guardian(s) if student is dependent:

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. **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.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date:

(Notary Seal and Signature of Notary)/Date

**Any false statement or withholding of pertinent information is a separable offense under the College's Disciplinary Hearing Policy.**

To determine whether a person is a New Jersey domiciliary, the primary evidence is a New Jersey Resident Income Tax return, or in the case of a dependent student, a copy of his/her parent(s)' /legal guardian(s)'/spouse's New Jersey Resident Income Tax return. Refer to The College of New Jersey Policy Statement on Student Residency for Tuition Purposes for further information.

**Where to submit this form:** Students requesting a change of residency status for their semester of admission must apply to the Office of Records and Registration prior to the start of the semester. Students who are requesting a change in residency status for a semester subsequent to the semester of admission must submit paperwork to the Office of Records and Registration, Green Hall 112. All petitions must be filed no later than the last day of the add/drop period for the current semester.

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**Comments:**