

**UNIVERSITY OF HAWAI'I AT MANOĀ
PETITION FOR TUITION STATUS CHANGE**

OFFICE USE ONLY					
Completed by _____ on _____ for Term _____					
C	F	G	H	J	M
___ SGASTDN	___ SAAADMS	___ TSAAREV			
___ SPACMNT	___ Chancellors Scholarship				

Student ID Number	Name: Last	First	Middle	Sex [] Male [] Female
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Birthdate ____/____/____ month date year	Citizenship [] U.S. [] Other - specify country	Non-U.S. Citizen [] Student Visa [] Permanent Resident. Resident/Green Card # _____ Issued on ____/____/____ month date year	[] Other (specify) _____
Age: _____			

A. I claim residency in Hawai'i from ____/____/____ to present, on the basis of:
month day year

- [] **MYSELF** - Complete sections C and E.
- [] **MYSELF** - Under 18 years of age and emancipated (married and/or financially independent and self-supporting for the last 12 months). Complete sections C and E.
- [] **MYSELF and PARENT** - Student to complete sections C and E. Parent to complete section D.
- [] **MYSELF and LEGAL GUARDIAN** - Submit a copy of the court documents showing appointment of legal guardian. Student to complete sections C and E. Legal Guardian to complete section D.

B. I am NOT a resident of Hawai'i, but qualify for one of the exemptions from the non-resident tuition rate:

- [] **I am of Hawai'ian ancestry** (attach official copy of birth certificate, and, if necessary, that of parents/grandparents documenting Hawai'ian ancestry)
- [] **I am a member (or authorized dependent) of the United States Armed Forces, stationed in Hawai'i** (attach completed Verification of United States Military Member's Assignment form, copy of the military orders, and additional information, if requested)
- [] **I am a member of a Hawai'i based Guard/Reserve unit** (attach completed Verification of Hawai'i-Based Guard/Reserve form and copy of the enlistment contract)
- [] **I am a full-time faculty, full-time staff member, or assistant (GA, RA, TA) of the University of Hawai'i** (attach copy of the employment contract/Payroll Notification Form)
- [] **I am a spouse/legal dependent of a full-time faculty, full-time staff member, or assistant (GA, RA, TA) of the University of Hawai'i** (attach copy of the employment contract/Payroll Notification Form, and copy of marriage certificate or official Federal income taxes proving dependency)
- [] **I am a citizen of _____**, which is one of the eligible Pacific Island or Asian districts/commonwealths/territories/insular jurisdictions/states/nations that do not have a public institution of higher learning (attach copy of proof of citizenship)

C. Complete the following on the basis of yourself:

1. Have you been living in Hawai'i continuously during the last 12 consecutive months? [] **Yes** [] **No** If no, explain and give dates of absence(s) _____
2. Have you registered to vote in the State of Hawai'i? [] **Yes** [] **No** If yes, give the date of your registration ____/____/____ (if you do not know the exact date, please give your best estimation)
month day year
- Did you vote in the most recent election in Hawai'i? [] **Yes** [] **No**
3. Have you filed Hawai'i personal Income Tax Returns as a **RESIDENT**? [] **Yes** [] **No** If yes, specify year(s) _____ to _____
4. Are you employed in Hawai'i? [] **Yes** [] **No** If yes, provide name of employer(s), dates of employment, and number of hours per week: _____
5. Do you have immediate family that live in Hawai'i? [] **Yes** [] **No** If yes, please indicate the relationship of your family (check all that apply): [] parent(s) [] legal guardian(s) [] spouse [] sibling(s) [] Other _____
6. Do you have a bank account in Hawai'i? [] **Yes** [] **No** If yes, for how long? _____ If no, where are your bank accounts located? _____

C. Complete the following on the basis of yourself (continued):

7. Have you attended a post-secondary institution in Hawai'i (including the University of Hawai'i System) during the last 12 months? **Yes** **No** If yes, please complete the following:

Institution	Credit Load	Tuition Paid
_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Exemption
_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Exemption

D. This section must be completed and signed by your Parent Legal Guardian

1. I claim residency in the Hawai'i from ____/____/____ to Present.
month day year

2. I am a: United States (U.S.) citizen

U.S. Resident Alien. My card number is _____ and issued on ____/____/____
card number month day year

_____ citizen on a _____ visa issued on ____/____/____
country type of visa month day year

3. Have you filed Hawai'i personal Income Tax Returns as a **RESIDENT**? **Yes** **No** If yes, specify year(s) _____ to _____

4. Are you employed in Hawai'i? **Yes** **No** If yes, provide name of employer(s), dates of employment, and number of hours per week: _____

5. Do you have immediate family that live in Hawai'i? **Yes** **No** If yes, please indicate the relationship of your family (check all that apply): parent(s) legal guardian(s) spouse sibling(s) Other _____

6. Do you have a bank account in Hawai'i? **Yes** **No** If yes, for how long? _____ If no, where are your bank accounts located? _____

7. Have you registered to vote in the State of Hawai'i? **Yes** **No** If yes, give the date of your registration ____/____/____ (if you do not know the exact date, please give your best estimation)
month day year

Did you vote in the most recent election in Hawai'i? **Yes** **No**

8. Have you been living in Hawai'i continuously during the last 12 consecutive months? **Yes** **No** If no, explain and give dates of absence(s) _____

I certify that the answers and responses provided above are true to the best of my knowledge. I understand that providing incorrect information will subject the applicant to the requirements and/or disciplinary measures as provided for in the University's rules and regulations governing the determination of residency. **I FURTHER UNDERSTAND THAT I MAY BE REQUIRED TO PRODUCE CERTIFIED OR OFFICIAL DOCUMENTS RELEVANT TO THE DETERMINATION OF MY RESIDENCY STATUS.**

Date _____ Signature _____ Relationship To Applicant _____

E. CERTIFICATION OF APPLICANT:

I certify that the answers and responses provided above are true to the best of my knowledge. I understand that providing incorrect information will subject the applicant to the requirements and/or disciplinary measures as provided for in the University's rules and regulations governing the determination of residency. **I FURTHER UNDERSTAND THAT I MAY BE REQUIRED TO PRODUCE CERTIFIED OR OFFICIAL DOCUMENTS RELEVANT TO THE DETERMINATION OF MY RESIDENCY STATUS.**

Name (Please Print) _____ Signature _____ Date _____

Phone _____

Email Address _____