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		
		Reg	istration Number #A	(attach copy)		
	Are you here on a visa? Yes	NoType:	Expiration Date:	(attach copy)		
4.			years and b.) graduate from that high so (a., b. and c. need to be yes in order to mark y			
	High school name:					
	High school location (city & state)	:				
Pe	Period of attendance: Graduation Date:					
5.	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:					
do up If y	not need to complete any further son receipt of your official New York you answered "yes" to question 4 o	ections of this form, your restate high school transcript 5 and do not currently half lile such an application a	r permanent resident alien, sign below and esidency for tuition billing purposes will be upt or New York State GED. ve lawful immigration status but have filed a soon as you are eligible to do so, you m	e updated to in state		
-		-	ermanent resident alien, or have a visa ty and have the application notarized.	pe eligible to qualify		
Ap inf rat als	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:					

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Part	R STUDENT	AFFIDAVIT	OF INTENT TO	LEGALIZE IMMIC	ERATION STATUS
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STATE OF NEW YORK:	
COUNTY OF:	
(Student's name)	, being duly sworn, deposes and says
	application to localize his/hor immigration status
that he/she does not currently have lawful immigration status but has filed an	application to legalize his/her infinigration 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)	

Will you be registering a vehicle with University Police? Yes No

If yes, state registered: _____ (Attach Copy)

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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: Street State Zip City Address: Years Months Length of time at this address: If less than three years, list your prior addresses below City From To Street State Have you ever received a state award (TAP, Regents Scholarship)? If yes, what institution? _____ Yes ____ No____ **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_____ (Attach Copy) Date issued: _____

Voter Registration Information

Are you a registered voter?

Yes____ No____ If yes, state of registration: _____ Registration date_____(attach copy)

Part C cont'd Must be completed if you are	e claiming independent s	status. If you are financially depende	nt on	
your parents, proceed to Part D. Individuals under the age of 22 are generally not eligible for independent status				
Students must provide evidence of one year of				
Did you or will you live in an apartment, house or bullast two years? 20 Yes No Do you rent or own? Rent Own	ilding owned by your parent 20	is for more than six (6) weeks during the Yes No		
Do you rent or own? Rent Own	(Attach cop	py of signed lease, deed, or tax bill)		
Were you or will you be claimed as a dependent on	your parent's federal or state	te income tax return for the prior and curre Yes No	nt	
Amount of financial support provided to you by parer 20 \$	nts or guardian during the pr 20	rior and current year: \$		
Are you an emancipated minor or adult student who Yes No If yes, where	n did you become independe	lent? Month Year		
In what state did you (or your spouse) file resident to Where will you file for the current year?	exes for the last two years?		ıx)	
List below your sources of financial income for the pa	ast two (2) years.			
From To Name and address	ss of Employer	Hours Per Week		
If not employed, please list your financial resources:				
Applicant's Affirmation				
The following statement must be completed and not	arized before a Notary Publi	ic.		
STATE OF NEW YORK COUNTY OF				
I, the applicant herein, being duly sworn, do hereby affirm that I am a bona fide legal resident domiciled in the State of New York, and that all the information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge. I understand that providing false information knowingly will disqualify me from consideration of New York status.				
Signature of Applicant				
Sworn to before me this	Day of	, 20		
(Notary Public)				

Part D – To be completed by the		rent with whom the student live:	s or who will be	
claimed as your dependent for inco	me tax purposes.			
Name:	e: Relationship:			
Permanent Address:				
Length of time at this address:		Telephone Number: ()		
Previous Address:				
Citizenship: USA Other _	If other, lis	t visa type (Attach Copy)		
Please list states in which you filed or w	vill file resident taxes during	the last two years; and current yea	ır:	
20 20	20	(Attach copy of most recent Endo	ural and State Income Tax)	
20 20 Do you have a Driver's License? Yes_	No If you in y	what state: Data Issued	(Attach Capy)	
Do you have a Driver's License! Tes_	No II yes, III v	what state Date issued _	(Апасії Сору)	
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 compl	eted 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,		affirm that all the information provid	led on this form and	
any attachments thereto, are accurate,	complete and true to the be	st of my knowledge.		
Signature of Applicant				
Sworn to before me this Day of	·	, 20		
(Notary Public)				