

Undergraduate Residency Application for Part-Time Students Who Are Working Full-Time in Tennessee



MTSU ID Number _____

Please indicate which semesters you wish to participate in the PT/FT Program:

M _____ Fall _____ Spring _____ Summer _____

Name of Student:

Last Name: _____ First Name: _____ Middle: _____

Local Address: (Street, City, State, and Zip Code)

If you are residing in on-campus housing, you will need to review your housing license agreement prior to applying for the PT/FT program or establishing a permanent address in Tennessee.

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Dates Previously Attended MTSU: _____

Indicate your current full-time employment in Tennessee and give name of employer, employer's address, and dates of employment. If you have more than one employer, complete both lines.

Employer	Location (City and State)	From (Month/Year)	To (Month/Year)
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_____	_____	_____	_____
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Instructions to Applicant:

This form is to be completed by a part-time student (part-time student is defined as registered for 11 hours or less per semester) who is classified as out-of-state and is seeking the waiver of out-of-state tuition on the basis of full-time employment in the State of Tennessee. Students who are dependents of their parents (and parents are residents of a state other than Tennessee) cannot seek in-state residency status.

This form must be processed by the last official or announced day of registration of the semester in order to be effective for that semester.

This statement must be verified by an official letter from the employer. **THIS LETTER MUST STATE THAT THE EMPLOYMENT IS FULL-TIME OR THAT AT LEAST 35 HOURS ARE WORKED PER WEEK.** INDIVIDUALS WITH MORE THAN ONE PART-TIME EMPLOYER MAY QUALIFY BY PRESENTING MULTIPLE LETTERS INDICATING THAT THE NUMBER OF HOURS WORKED PER WEEK EQUALS OR EXCEEDS 35. This letter should also indicate the employee hire date and the likelihood of continued employment.

It is solely the responsibility of the student to furnish a new statement from his or her employer at the beginning of each semester that the student wishes to receive the waiver of out-of-state tuition based on this situation. Typically after participation in this program for **TWO CONSECUTIVE SEMESTERS**, students are eligible to apply for permanent in-state classification.

This application will not be processed unless dated and signed.

My signature below is to certify the correctness and completeness of the information supplied. It further indicates that I understand that the University may contact any of the persons referred to above for the purpose of obtaining additional pertinent information and that I further understand that any false information provided in the foregoing statements will disqualify me from being considered a resident of Tennessee and that I may be required to withdraw from the University and repay any waived out-of-state tuition.

Date

Signature of Applicant

FOR ADMISSIONS OFFICE USE ONLY:

1st Semester PT/FT _____ 2nd Semester PT/FT _____

Notes:

Authorized by

Signature

Date