

Name ___

Last Nar

Middle Initial

CSN reserves the right to request additional information when deemed appropriate. All submitted documentation becomes the property of CSN and will not be returned to the student. Please retain a copy of all submitted documentation. Students will be notified of their residency decision via email to the address listed on MyCSN; however, all tuition and fees must be paid by the published date indicated in the current class calendar to avoid late penalties. The granting of resident (in-state) student status

will apply to the semester for which this application was accepted along with future semesters. No decision shall be retroactive.

First

Social Security or NSHE I	D Number		Date of Birth		
Address					
City	State	Zip	County	Country of Citizenship	
Telephone	E-mail			First Name	
Term of Entry OFall	20 Spring 20	ear		ıme	
	for determining whether students Regents of the Nevada System of Handbook.				
	ited States is defined as the Arm the National Guard or other reserv				
Western Undergraduate E	college of Southern Nevada under xchange program (WUE) must we which she or he may apply for reco	ithdraw in writing f	from the program and		
NOTE: A student holding not eligible for Nevada re	a visa other than a permanent in sidency status.	nmigrant visa, or h	as been granted officia	al asylum or refugee status is	
I hereby declare that I have than the state of Nevada. intent of making Nevada	tof Residency (Not applicable re abandoned any domicile or reside I further certify that I have establismy true, fixed, and permanent home intent to make any other location of	ence in any state or shed a bona fide d e and place of habi	omicile or residence in tation, having clearly al	the state of Nevada with the bandoned my former domicile	
resident in the state of Ne status and that, therefore, absences for business or p	ne extent it is required for me to quivada for at least 12 months immedia. I have been physically present and pleasure. The information provided and that omissions or misrepresentation.	ately prior to the date residing in Nevadaton this application	ate of my anticipated ma a for that entire period and supporting docume	atriculation to resident student of time, excluding short-term entation are true to the best of	
Date					
	Student Signature		Parent/Spouse signatur	re (for financially dependent student)	
	Student's Name		Name of Parent/Spous	se	
Filing a false Declarat	ion of Intent of Residency will res	ult in the payment	of nonresident tuition	for the period of time a stude	

was enrolled as a resident student and may also lead to the disciplinary sanctions under Title 2, Chapter 6 of the Nevada System

of Higher Education Code. Disciplinary sanctions include a warning, reprimand, probation, suspension, or expulsion.

Residency Audit Application



Instructions:

- 1. Place a check mark next to the single category of Nevada state residency for which you are applying.
- 2. Mail or Hand-deliver your signed application and photocopies of your required documents to the appropriate office listed below. Please note that you will not be exempt from tuition payment deadlines. Only approved applications are subject to reimbursement. The granting of resident(in-state) student status will apply to the semester for which this application was accepted along with future semesters. Decisions made on residency applications that are completed after the fee payment deadline take effect in the next semester. Nodecision shall be retroactive.

Office of the Registrar West Charleston Campus

6375 W. Charleston Blvd. Building D Las Vegas, Nevada 89146 (702) 651-5610

Office of the Registrar Cheyenne Campus

3200 E. Cheyenne Ave. Main Building North Las Vegas, Nevada 89030 (702) 651-4060

Office of the Registrar Henderson Campus

700 College Drive Building B Henderson, Nevada 89002 (702) 651-3030

Residency Status		Residency Status	Required Documents		
A	0	Nevada high school graduate (Does not include Certificate of Attendance or General Education Developmental – GED Test)	Please submit clear photocopies for the following: A copy of your Nevada high school diploma or final transcripts indicating the date of graduation		
В	0	A student who has established residency at another Nevada System of Higher Education institution (i.e. UNLV, UNR, GBC, TMCC, NSC, WNC)	Please submit clear photocopies for the following: Official letter indicating your Nevada residency status		
С	0	A teacher who is employed full time by a private elementary, secondary, or postsecondary institution whose curricula meet the requirements of NRS 394.130 or the spouse or dependent of such an employee	Please submit clear photocopies for all the following: A copy of your current employment contract Provide the following if applying as the spouse or dependent: Marriage certificate or birth certificate Proof of parent/legal guardian/spouse filing of federal income tax return for the most recent tax year. Must indicate applicant as spouse or dependent A copy of the educational staff's current employment contract		
D	0	A professional employee, classified employee, postdoctoral fellow, resident physician, or resident dentist of the Nevada System of Higher Education who is currently employed at least half time or the spouse or dependent of such an employee	Please submit clear photocopies for all the following: A copy of your current employment contract Provide the following if applying as the spouse or dependent: Marriage certificate or birth certificate Proof of parent/legal guardian/spouse filing of federal income tax return for the most recent tax year. Must indicate applicant as spouse or dependent A copy of the educational staff's current employment contract		
Е	0	A licensed educational personnel employed full time by a public school district in the state of Nevada or the spouse or dependent of such an employee	Please submit clear photocopies for all the following: A copy of your current employment contract Provide the following if applying as the spouse or dependent: Marriage certificate or birth certificate Proof of parent/legal guardian/spouse filing of federal income tax return for the most recent tax year. Must indicate applicant as spouse or dependent. A copy of the educational staff's current employment contract		

Residency Status		Residency Status	Required Documents		
F	0	A former member of the U.S. Armed Forces who relocated from Nevada as a result of a permanent change of duty station pursuant to military orders	Please submit clear photocopies for all the following: A copy of all military orders showing relocation from Nevada A copy of military discharge orders verifying that you returned to Nevada within one year of being discharged A copy of an unexpired Nevada driver's license issued at least 12 months immediately prior to the date of relocation orders or evidence of absentee voting from the state of Nevada		
G	0	A member of the U.S. Armed Forces on active duty stationed in Nevada as a result of a permanent change of duty station pursuant to military orders or a person whose spouse, parent, or legal guardian is a member of the U.S. Armed Forces stationed in Nevada as a result of a permanent change of duty station pursuant to military orders	Please submit clear photocopies for all the following: A copy of military identification and military orders Provide the following if applying as the spouse or dependent: Marriage certificate or birth certificate along with the military identification and military orders for the active service member		
Н	0	A member of a Native American tribe who is currently residing on tribal land located wholly or partially within the boundaries of Nevada	Please submit clear photocopies for all the following: Proof of bloodline or tribal enrollment card Documentation proving residency on tribal lands within the state of Nevada		
I	0	A financially dependent person whose parent or legal guardian has resided in Nevada for at least 12 months immediately prior to the date the student begins classes at CSN. Please Note: All documents must prove residency for the 12 months prior to the date the student begins classes at CSN.	Please submit clear photocopies for all the following: Federal income tax return for the applicant, parent, or legal guardian for the most recent tax year that indicates the applicant as a dependent for the prior 12 month period with a valid Nevada address. Student's birth certificate or marriage certificate AND		

Residency Status	Required Documents			
A financially independent person who has resided in Nevada for at least 12 months immediately prior to the date the student begins classes at CSN. Please Note: All documents must prove residency for the 12 months prior to the date the student begins classes at CSN.	Please submit clear photocopies for all the following: The student's tax return for the most recent tax year indicating a Nevada address. If no federal tax return has been filed by the student because of minimal or no taxable income, provide documented information concerning the receipt of such nontaxable income. AND Also, provide one of the following documents: Evidence of physical, continuous presence in the state of Nevada for 12 months (i.e. a lease agreement, rent receipts, utility receipts). A Nevada driver's license or Nevada identification card A Nevada vehicle registration Evidence that student's spouse, parent, or legal guardian has relocated to Nevada for the primary purpose of permanent full time employment or to establish a business in Nevada (i.e. Signed letter from employer on company letterhead stating start date and permanent full-time position of employment, or a copy of a Nevada business license). Any other evidence that objectively documents intent to abandon residence in any other state and to establish a Nevada residence			
CSN is an Equal Employment Opportunity/Affirmative Action institution and does not discriminate on the basis of sex, age, race, color, religion, disability, national origin, veteran status, sexual orientation, genetic information, gender identity, or gender expression in the programs or activities which it operates. For more information, visit http://www.csn.edu/nondiscrimination.				

OFFICIAL USE ONLY				
	SEMESTER:			
	□Approved	☐ Denied		
	Signature		Date	
	Notification sent to student		Date	
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