

STATEMENT OF APPEAL ON RESIDENCY CLASSIFICATION

Date: _____

Student Name: _____

Student ID Number: _____

Phone Number: _____

Cell Phone Number: _____

University assigned email address: _____

Current Residency Classification: In-State ☐ Out-of-State ☐

Term you are appealing: Fall ☐ Spring ☐ Sum I ☐ Sum II ☐ Year: _____

Please check the appropriate box to indicate the grounds for appeal.

The grounds for appeal to the Residency Appeals Board are:

- ☐ That the residency decision was made in disregard of, or mistake, with reference to the requirements of law or Manual provisions;
- ☐ That Manual provisions as currently stated do not address the present issue presented by the residency decision;
- ☐ That Manual provisions conflict with subsequently developed case law pertinent to the residency decision; and/or
- ☐ That the residency decision is not supported by the evidence of record.

Based on the above data, I formally appeal my current residency status:

Signature of Student

Date

Return this completed form within 30 days to: NCSU Residency Officer
Email - Residency-officer@ncsu.edu
Fax - 919 513-0570
Mail -Research III Bldg
1000 Main Campus Drive
Campus Box 7102
Raleigh, NC 27695-7102