



Waiver of Non-Resident Tuition for Full Time Teachers or Full Time Classroom Aide Instructions and Information

This waiver is designed for NAU students who are:

**Enrolled or currently taking classes for teacher certification,
Have lived in Arizona for less than one year,
Have a current contract as a teacher or classroom aide.**

Educational Certifications that qualify:

Special Education certification
Elementary certification
Secondary certification
MEd- Elementary Education – certification emphasis
MEd - Secondary Education – certification emphasis

**THE DEADLINE TO SUBMIT THIS WAIVER AND SUPPORTING DOCUMENTS
FOR THE SPRING 2010 TERM IS FRIDAY, JANUARY 22, 2010.**

Submit your waiver and supporting documents to:
Northern Arizona University
Office of the Registrar
Residency Classification
PO Box 4103
Flagstaff, AZ 86011-4103

Telephone: 928/523-7683
Fax: 928/523-3943

For Graduate Student submit materials
to Graduate College.
Telephone: 928/523-4348

1. Attach a copy of your current teaching contract. (mandatory)
2. Attach a copy of the front and back of your **Arizona** Driver's License. (mandatory)
3. Attach a copy of your **Arizona** vehicle registration. (mandatory)
4. Verification of coursework must be signed by the dean's designee **prior** to submitting this waiver. Only those courses which are necessary to complete requirements for certification qualify for in state tuition. The dean's designees are the chair of the appropriate department, or the statewide local area coordinators in the Distance Learning Office.
5. If your waiver is approved, the Bursar's Office and the Office of Financial Aid will be notified.
6. The student must apply and prove eligibility for this waiver **each term** until the student's petition to change residency is approved.



**Waiver of Non-Resident Tuition
For Full-time Teacher or Full-time Classroom Aide
(ARS 15-1802*)**

Name (last, first, middle):	NAU ID #
Mailing Address:	Contact phone number(s): E-Mail Address:
Date of Birth:	School District of Employment:
Citizenship (specify country) <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____	

I. Verification of full-time employment as teacher or aide in Arizona school district:

A. As the applicant, you are a Full-time Teacher Full-time Non-certified Classroom Aide

B. **Attach** a copy of your current contract from your school district of employment:

II. Intent to establish Arizona domicile:
Your evidence of intent to be a resident of this state is demonstrated by the absence of ties to your former state of residence.

<p>A. <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 5px;">Arizona Driver's License Date Issued _____</td></tr></table></p>	Arizona Driver's License Date Issued _____	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 5px;">Arizona Vehicle Registration Date Issued _____</td></tr></table>	Arizona Vehicle Registration Date Issued _____
Arizona Driver's License Date Issued _____			
Arizona Vehicle Registration Date Issued _____			

B. **Attach** copies of your Arizona Driver's License and Vehicle Registration.

III. Verification of courses:

Under ARS 15-1802, only "courses necessary to complete the requirements for certification by the State Board of Education to teach in a school district in this state" qualify for in-state tuition.

Complete the attached form "Verification of Teaching Certification Required Coursework" and obtain the signature of the Dean's designee from the College of Education confirming that classes for which you are registered or intend to register are necessary to complete your state certification.

Note: You are responsible for paying non-resident tuition for any courses not officially verified as necessary for certification. This will be monitored, and you will be billed for the difference.

IV. Non-resident tuition waiver determination:

- A. Once your completed file is received and evaluated, you will receive notification of the residency office's determination.
- B. You will need to re-apply and prove your eligibility for the waiver of non-resident tuition under this exception each term until you petition and are approved for reclassification to resident status.

I certify that all statements, information, and evidence presented are true and complete. I understand that if I provide false information, if I make a material misrepresentation or omission in connection with my petition, or, if I make any effort to fraudulently claim Arizona as my state of legal domicile, it will jeopardize my case for residency and subject me to disciplinary action, dismissal from the University, repayment of tuition fraudulently waived, repayment of financial aid fraudulently obtained, and may result in civil and criminal liability. I hereby grant permission for the residency office to verify any supporting evidence submitted with this petition.

Subscribed and sworn (affirmed) before me on this

_____ day of _____ 20_____

State of _____ County of _____

Notary Signature

My commission expires: _____

Signature of Applicant
(Sign in the presence of a Notary)

(Seal)

*ARS 15-1802: The person is an employee of a school district in this state and is under contract to teach on a full-time basis, or is employed as a full-time noncertified classroom aide, at a school within that school district, for purposes of this paragraph, the person is eligible for classification as an in-state student only for courses necessary to complete the requirements for certification by the state board of education to teach in a school district in this state. No member of the person's family is eligible for classification as an in-state student if the person is eligible for classification as an in-state student pursuant to this paragraph.



Office of the Registrar
 P O Box 4103
 Flagstaff AZ 86011-4103
 Phone: 928/523-7683
 Fax: 928/523-3943

**VERIFICATION OF TEACHING CERTIFICATION REQUIRED COURSEWORK
 COLLEGE OF EDUCATION**

STUDENT NAME: _____

STUDENT I.D.: _____

CERTIFICATION PROGRAM: _____

Pursuant to ARS 15-1802, resident tuition will be assessed if “the person is an employee of a school district in this state and is under contract to teach on a full-time basis, or is employed as a full-time non-certified classroom aide, at a school within that school district, for purposes of this paragraph, the person is eligible for classification as an in-state student *only for courses necessary to complete the requirements for certification* by the state board of education to teach in a school district in this state. No member of the person’s family is eligible for classification as an in-state student if the person is eligible for classification as an in-state student pursuant to this paragraph.”

I hereby verify that the above student is required to complete the coursework listed for teaching certification:

Course Number/Prefix	Course Title	Credit Hours

 Dean’s Designee

 Title

 Printed Name (Dean)

 Date