



# Native American Indian Residency Verification Form SPRING 2010

This form is to be used by Continuing NAU **Undergraduate** Students for the Spring 2010 term.  
Submit this petition by the January 22, 2010 deadline to:

OFFICE OF THE REGISTRAR  
RESIDENCY RECLASSIFICATION OFFICE  
GAMMAGE BUILDING ROOM 108  
P.O. BOX 4103  
FLAGSTAFF, ARIZONA 86011-4103  
PHONE: (928) 523-7683 FAX: (928) 523-3943

This Native American Indian Residency Verification form is to assist Native American Indian students who claim to be Arizona residents. This Verification Form is designated for Native American Indian students who are domiciled within Indian Reservation borders of Arizona and whose borders extend into another state. The normal one year requirement for residency can be waived for those students who can document the following criteria (see page 2).

*Per Arizona Board of Regents policy 4-203.B, "Subject to ABOR Policy 4-102 (Non Resident Tuition), a person shall also be classified as a resident student if the person can establish that on or before the last day of registration the person satisfies any one of the following conditions: (7) The person is a member of an Indian tribe recognized by the United States Department of Interior whose reservation land lies in this state and extends into another state and who is a resident of the reservation.*

<b>First Day to Submit Residency Document</b>	<b>Monday – October 26, 2009</b>
<b>Deadline to Submit Residency Document</b>	<b>Friday – January 22, 2010</b>
<b>Deadline to File Reclassification Appeal</b>	<b>Friday – February 26, 2010</b>

**Instructions:**

- Respond to all questions and statements.
- 2. Attach all requested documentation. Failure to do so may be interpreted as evidence of non-residency.
- 3. Notarize required documents (student and parents, if applicable).
- 4. Use the "Supporting Document (pg. 2)" to make sure you have included all necessary documentation.
- 5. Submit this petition and attachments to the appropriate office as indicated above.

All statements, requested information, and evidence provided with your petition packet must be consistent with those presented on other University/official documents and is subject to verification. Inconsistencies will jeopardize your case for residency. In addition, you may be subject to disciplinary action, dismissal/suspension from the University, repayment of tuition fraudulently waived, repayment of financial aid, or all of these.

Per Arizona Board of Regents policy, the **burden of proof** that all requirements for residency reclassification have been met **rests with the student**. You must submit **clear and convincing evidence** to support all responses given in your packet.

Retain copies for your personal files. Any section left blank may jeopardize your case for residency.

**Processing Deadlines:**

*Failure to file a petition within the prescribed time period above is considered a waiver of the right to file for this term.* Normal processing time for completed petitions is **fifteen (15)** working days. If additional information is needed, the decision may be delayed. If a decision regarding your residency has not been reached by the fee payment deadline, it will be necessary to pay non-resident tuition (students are automatically placed on a Payment Plan). **No extensions of payment deadlines are granted on the basis of unresolved residency.** If you are later determined to be a resident, you will be issued a refund for the appropriate amount. You will be notified in writing of the decision regarding your residency status.

## Student Information

Name:

NAU ID:

\_\_\_\_\_  
(Last, First, MI)

Current Mailing Address:

\_\_\_\_\_  
City, State, Zip

Permanent Home Address:

\_\_\_\_\_  
City, State, Zip:

Permanent Telephone number (include area code):

\_\_\_\_\_  
Cell number (include area code)

How long did you live in current and/or permanent address?  
(Give dates)

\_\_\_\_\_  
Date of Birth:

I am applying for the following year and term:

Year: 20\_\_\_\_  Fall  Spring

I consider myself as:

- Undergraduate New/Transfer Student  
 Undergraduate Continuing Student

Parents Information:

Mother's name: \_\_\_\_\_ Address: \_\_\_\_\_ Tribe: \_\_\_\_\_

City/state/zip

Father's name: \_\_\_\_\_ Address: \_\_\_\_\_ Tribe: \_\_\_\_\_

City/state/zip

### Residency Information – Physical Presence

#### Provided Supporting Documents Where Indicated (\*\*)

Are you an enrolled member of a Native American Indian Tribe of Arizona (that extends into another state)?

Yes  No If yes, which tribe? \_\_\_\_\_

\*\*Enrollment Card/Certificate of Indian Blood (CIB) number (provide a copy).

The reservation you reside on is located:  100% in Arizona  Partly in Arizona

Are you an active registered voter within your tribe and /or (chapter)?

Yes, if yes, which chapter \_\_\_\_\_ and/or agency \_\_\_\_\_ (If applicable)?

No

\*\*State ID (provide a copy)  \*\*Provide other document (s) if mailing address is P.O. Box (i.e. Utilities bill)

Please provide a detailed explanation of any brief period of absence(s) from the Indian Reservation while still claiming to be a resident (attach a separate sheet).

*\*\*All supporting documents must be attached to application in order for application to be considered.*

**I certify that all statements, information, and evidence presented are true and complete.** I understand that if I provide false information, make a material misrepresentation or omission in connection with my petition for change of residency, or, if I make any effort to fraudulently claim resident status under Arizona Board of Regents, ABOR 15-1802 (H), (Arizona House Bill 2112) it will jeopardize my case for residency and subject me to disciplinary action, dismissal from the University, repayment of tuition fraudulently waived, and/or repayment of financial aid fraudulently obtained, and it may result in civil and criminal liability. I hereby grant permission for NAU representatives to verify any supporting evidence submitted with this petition.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature

## Certification Document for Native American Indian Student

Student Name: \_\_\_\_\_ NAU ID #: \_\_\_\_\_

*Per Arizona Board of Regents policy 4-203.B, "Subject to ABOR Policy 4-102 (Non Resident Tuition), a person shall also be classified as a resident student if the person can establish that on or before the last day of registration the person satisfies any one of the following conditions: ABOR 15-1802 (H) The person is a member of an Indian tribe recognized by the United States Department of Interior whose reservation land lies in this state and extends into another state and who is a resident of the reservation.*

### **Directions:**

Student must fill out section I.

Tribal Officials must complete section II. In order to verify that a person is a resident of the reservation, please have the following signed: by an administrative member of the Chapter House and/or Enrollment Office Official.

---

### I. Certification of Eligibility

I, \_\_\_\_\_, certify that I am a member of the federally-recognized \_\_\_\_\_ Indian Tribe of Arizona and recognized presently reside in \_\_\_\_\_, Arizona and that extends into the state of: \_\_\_\_\_. I anticipate no change in my residency status prior to the first day of classes for the term which this application is filed.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

### II. Certification of Enrollment Office Official and/or Chapter House Official or Manager.

"I hereby certify that the above named student is a member of the tribe indicated above and is a resident of the reservation."

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Enrollment Office (if applicable): \_\_\_\_\_

Tribal Agency: \_\_\_\_\_

Chapter Affiliation: \_\_\_\_\_

Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

For office use only

Chapter verification/enrollment: Date: _____ Chapter voter: <input type="checkbox"/> Yes <input type="checkbox"/> No Enrollment Office: <input type="checkbox"/> Yes <input type="checkbox"/> No Initial: _____
---