

Petition for In-State Tuition Classification

Purpose of petition: This petition is provided for current and former Red Rocks Community College students to request a change from out-of-state residency to in-state residency for tuition purposes. Students new to the RRCC system should request in-state classification by completing the appropriate section of the application for admission and should complete this petition only if requested to do so.

Student Name:			
Petitioner (if not student):	Re	lationship	:
STUDENT ID:	*SSN:		
	*For record keep	ing and identi	ification of students
Street Address:			
City: State:	Zip Code:	Birth	Date:
Home Phone: ()	Work or Cell Phone: ()	
Marital Status: Date	e of Marriage (if under 23):_		
Semester Petitioning for In-State Tuition:	Spring Summer	Fall	Year: 20
 All yes answers require supporting docum Please attach requested documents as ind Students under 23 or who turn 23 during should have the parent or guardian comp students under 23 is based on the parents' in Students under 23 whose parents live emancipated minors. A notarized emancipated minors. A motarized emancipate to certificate. Signature(s) on the Petition must be notar Call 303-914-6543 if you need assistance. 	<i>icated by</i> **** <i>to complete this ap</i> the 12 months preceding the term lete this form providing the reque- residency. out of state cannot qualify for ation form must be completed and o file an emancipation form, but	for which rested docum Colorado re returned for	nentation. Residency for esidency unless they are r petition to be evaluated
If no, do you have an immigrant visa? (cir ****Attach a copy of your immigrant visa		YES	NO
2. List the dates you have most recently resi	ded in Colorado: From:		To:
3. Have you filed a Colorado State Income T If yes, what years? If no, **** <i>Attach copies of your taxes</i> .			
4. List your most recent and previous COLC Name of Employer		e source ates	
	From:	To:	
	From:	To:	

5. Did you accept employment in Colorado prior to moving here?	YES	NO
6. Are you a Colorado Registered Voter? If yes, list the date of registration If not a registered voter in Colorado, what state are you registered with?	YES	NO
 7. Do you have a Motor Vehicle Registration in Colorado? If yes, list the last date issued: ****Please provide a copy of your Motor Vehicle Registration 	YES	NO
8. Do you have a valid Colorado Driver's License or ID? If yes, list the issue date: ****Please provide a copy of your Colorado Driver's License or CO state ID	YES	NO
9. Do you own property in Colorado? If yes, is that property your principle residence? ****Please provide a copy of a signed contract for purchase or warranty deed date	YES YES	NO NO
10. If you do not own property in Colorado, do you rent/lease? ****Please provide a copy of your signed lease	YES	NO
10. Do you maintain a home in another state?	YES	NO
11. Did you graduate from a Colorado high school? If yes, when and where?	YES	NO
12. Did you attend a Colorado college or university? If yes, which one?	YES	NO
 13. Have you served in the military within the past two years while stationed in Colorado? If yes, please list dates of service:	YES	NO

You may attach and explain any other documents that you feel would validate your intent to make Colorado your permanent home for at least a full year before the term begins._____

Classification for residency and determination rules are located within the Colorado State Statutes Title 23, Article 7, Sections 101 – 103 @ <u>http://highered.colorado.gov/Finance/Residency/statutes.html</u>

Emancipation Information

14. Complete questions 14 and 15 if you will not be 23 years of age by the first day of class of the term for which you are petitioning. If you were married before or during the 12-month domicile period, you may include a copy of your marriage certificate instead of completing question 14-15.

List and compute expenses for the past twelve months

Room per month _____ = Total for year_____

Food per month _____ = Total for year_____

Tuition and fees per term _____ = Total for year_____

*Miscellaneous per month_____= Total for year_____

Total expenses (all columns) for year:

*Additional expenses include utilities, telephone, transportation, medical, recreation, books and supplies, and all other expenses.

15. In support of your claim of emancipation, you must make a complete financial disclosure.

A. List all sources of financial support during your 12-month domicile period. Estimate funds for future months. This should include income from employment; commercial loans; college financial aid; personal savings; trust funds; gifts and loans from parents, other relatives, and friends; and all other sources. Use additional sheets if necessary.

For employment income, list total take-home pay (as documented by W-2 forms, payroll statements, or letters from employers) during the 12-month period, not hourly or monthly wages.

Source	Address	Date	Amount

Total amounts listed must equal or exceed expenses listed in question 14. Total: _____

Red Rocks Community College Parental Statement for Minor Claiming Emancipation

I (We),		, the	parent(s)	of
	, have entirely surrendered the right	to care, cu	stody and ear	nings
of this minor as of	(month, day, and year). As of and since that date, I	(we) have	made no prov	vision
for the financial support of this minor c	hild. The last tax year for which he or she was claimed by me (us	s) as a state	e or federal in	come
tax exemption was, a	and he or she will not be so claimed in this or any subsequent yea	rs. All fur	nds provided to	o this
minor since emancipation include_			(list o	lates,
amounts, and purposes; if none, so state	e). I (we) do not intend to resume financial support in any manner	. <u>I (we) ha</u>	ave included c	opies

of the first two pages of all federal income tax returns covering the year(s) of emancipation.

The emancipation referred to herein is an absolute emancipation for all purposes whatsoever. I (we) agree that if periodic reexamination of the minor child's status reveals that he or she is no longer emancipated, he or she may be subject to retroactive reclassification as a nonresident for tuition purposes. I (we) understand that supporting the minor or claiming the minor as a tax exemption will provide evidence for reclassification.

Each parent must sign, even t	hough only one may have legal cu	stody. Separate forms may be used.	
County of	State of		
My commission expires			
Sworn and subscribed to me this	day of	, 20	
Signature of Notary Public			

Each parent must sign, even t	nough only one may have legal cu	stody. Separate forms may be used.	
County of	State of		
My commission expires			
Sworn and subscribed to me this	day of	, 20	
Signature of Notary Public			

16. Any false information or falsified supporting documents included in this petition may subject you to both criminal charges and Red Rocks Community College disciplinary proceedings, and out-of-state tuition may be retroactively assessed.

I hereby swear and affirm that the answers given in this petition are accurate and complete, and that all documents included hereto are true and unaltered copies of the original documents. If my circumstances change affecting the tuition status requested by this petition. I agree to notify the tuition classification officer in writing within 15 days after such change.

Printed Student Name

If petitioning on behalf of the student, Parent or Legal Guardian signature is required:

Printed Parent Name

Signature of Parent

(Sign only in presence of notary)

Notary Information

County of	
State of	
Sworn and Subscribed to me this	day of
My Commission Expires	

Petition Document Checklist

Please make sure you include:

□ Notarized signatures

□ Physical presence (lease or deed)

- □ Colorado driver's license
- □ Colorado voter's registration (optional)

□ Colorado motor vehicle registration _____

- Colorado income tax returns
- □ Other
- □ If under 23 and married, a copy of marriage license

If emancipated also include:

- □ Emancipation form signed by both parents
- □ Copies of parents' Federal tax returns for last year filed

Petition approved by ______ for _____

Date

Date

Signature of Notary Public