



BARUCH COLLEGE/CUNY RESIDENCY FORM

Residency Unit

151 East 25th Street, Box H-0720, New York, NY 10010

residencyunit@baruch.cuny.edu

Semester: _____

CUNY RESIDENCY FORM: Part A

- Last Name _____ First Name _____ Middle Initial _____
- CUNYfirst ID/Student ID _____ Date of Birth _____
Phone No.() _____ Email address: _____
- Are you a U.S. citizen? Yes No Are you a permanent resident alien? Yes No
Are you here on a visa? Yes No Visa type: _____ Expiration Date: _____
- Did you attend a New York State high school for two or more years, and graduate from that high school?
Yes No If yes, high school name and address _____
Date of Attendance From: _____ To: _____ Graduation Date _____
- Do you have a GED/TASC issued by NYS? Yes No Date Issued: _____
- If you answered "yes" to item 4 or 5, did you apply to CUNY within 5 years of your high school graduation or receiving a GED/TASC? Yes No Date of first application to CUNY: _____
- Are you a veteran or other individual eligible for educational assistance under federal GI bills? Yes _____ No _____ If yes, attach supporting documents.

IMPORTANT: If you answered "yes" to question 4 or 5, and to question 6, and are not lawfully present in the US, you need to complete Section B (affidavit) of this Residency Form but not Section C. If you answered "yes" to question 4 or 5, and to question 6, and are a resident of another state, you do not need to complete any other sections of this form. If you answered "yes" to question 7, you do not need to complete any other sections of this form. All other students must complete Part C of this form and submit appropriate supporting documentation.

Please note that some students who are here on visas may not be eligible for the resident tuition rate. Please refer to the CUNY Tuition and Fee Manual (see link below) for a comprehensive list of eligible visa types.

To Be Completed by All Students

I certify that all information provided and all statements made in all sections of this Residency Form are true and correct to the best of my knowledge.

I understand that if I provide false information or withhold relevant information in order to obtain resident status, The City University may revoke its determination of in-state residency, and that I will owe non-resident tuition to the University for each semester or session that I have attended under these circumstances. I also understand that I may be subject to disciplinary action.

DATE _____ STUDENT SIGNATURE _____

- The colleges will not review any residency determination unless the request for the review is made in writing, and all required documentation is submitted on or before the last day of finals in the semester for which resident tuition is being sought.*
- Complete rules regarding eligibility for the resident tuition rate and appeals procedure are set forth in CUNY's Tuition and Fee Manual at <http://www.cuny.edu/about/administration/offices/ia/tuition-fee-manual.html>*

CUNY RESIDENCY FORM: Part B

Affidavit of Intent to Legalize Immigration Status

_____, being duly sworn, deposes and says that he/she does not currently
(Student's Name)
have lawful immigration status but, has filed an application to legalize his/her immigration status or will file
such an application as soon as he/she is eligible to do so.

(Student's Signature)

Sworn to me this _____ day of the month of _____, 20____

_____, State of New York, County of _____.



CUNY RESIDENCY FORM: Part C

Semester: _____

1. Last Name _____ First Name _____ Middle Initial _____

2. CUNYfirst ID/Student ID _____ Email: _____

3. Current Address _____
STREET CITY STATE ZIP

A. Live with parents _____, or other relatives _____, or other than a relative _____

1) If other relatives, describe relationship. _____

2) If other than a relative, describe situation. _____

List below all your addresses, including temporary addresses and summer addresses during the past 12 months, starting from your current address and working backwards.

<u>FROM</u>	<u>TO</u>	<u>COMPLETE ADDRESS</u>
Mo __ Day __ Yr __	Mo __ Day __ Yr __	STREET
		CITY STATE ZIP
Mo __ Day __ Yr __	Mo __ Day __ Yr __	STREET
		CITY STATE ZIP
Mo __ Day __ Yr __	Mo __ Day __ Yr __	STREET
		CITY STATE ZIP

4. A. Parents' permanent address _____
STREET
CITY STATE ZIP

B. If you are under the age of 18, does anyone other than your parents serve as your legal guardian? Yes _____ No _____

If yes, what is their name and address? _____

C. Where did you live during the last June through August period? If different from 4.A., give reason for being elsewhere during period

5. A. Please list below all full-time and part-time employment (including summer employment and voluntary activities) during the past 12 months starting with the most recent employment.

EMPLOYER	ADDRESS (CITY/STATE)	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. What is the source of your support? _____

C. Did you file a New York City/State resident income tax return during the past 12 months? _____

D. Did you file a Federal income tax return during the past 12 months? _____

6. What are your purposes for residing in New York City or New York State? _____

7. Have you applied for any financial aid, scholarships, or other benefits provided under the laws of the State of New York or the United States? Yes _____ No _____

If yes, specify and indicate what benefits you are receiving. _____

8. At the present time is it your intention to permanently live in New York City or New York State?

Yes _____ No _____ Uncertain _____ If uncertain, please explain. _____

9. Do you have any other proof other than the items indicated for completing the Residency Form that you wish to present in support of your application to be declared a resident of New York City/New York State for the City University of New York tuition purposes? Yes _____ No _____

If yes, please provide details and attach relevant documents.
