

Residency Appeal

Student ID: _____ Name: _____ Date of Birth: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Appeals are granted for extenuating circumstances and are not guaranteed approval. Appeals must include all residency documents needed and a personal statement. Students will be notified through their SLCC Bruinmail account.

1. Please list the year and semester for which you are appealing the change. (R512: 4.10.5.3) _____
Semester Year

2. Read the Board of Regents policy (R512): http://higheredutah.org/pdf/policies/R512_2015-5-15.pdf _____
Student Initials

3. Please write a clear explanation of why you feel an exception should be granted to the Board of Regents residency policy listed below. R512: 4.10.1:

"Institutions may not accept applications for resident student status or supporting documentation after the third week of the semester for which the student seeks resident student status".

4. I understand that submitting the Residency Appeal will NOT cease collection activity or prevent additional fees from incurring due to my failure to pay the outstanding balance.

5. I understand that I may be eligible for a Late Fee Adjustment if I meet the following criteria (Collection Fees are non-refundable):

- a. I am approved for a Residency Appeal.
- b. Paid at least the residency portion of my outstanding balance by the tuition deadline.
- c. Submitted the Late Fee Appeal form to Cashier Office for Review.

Please use the back of the page or a separate page to write your explanation.

I have truthfully represented all statements contained in this appeal to the best of my knowledge.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved: _____ Denied: _____ Processed by: _____ Notes: _____

Residency Appeal

Please write your explanation of why you feel an exception should be granted here.