



RESIDENCY APPEAL FORM

www.csn.edu/residency

Appeal received on _____

NSHE

No appeals based solely upon disagreement with the original decision will be accepted. Students do not have an automatic right to appeal every nonresident determination. The [Nevada Board of Regents Handbook, Title 4, Chapter 15, REGULATIONS FOR DETERMINING RESIDENCY AND TUITION CHARGES](#), **only** permits the appeal of a denial for resident reclassification when the student's documented situation applies to infrequent, exceptional cases. As with the residency application, **the residency appeal must document:** 1) Living in Nevada for a primary purpose other than attending school; 2) Demonstrate financial status as either a dependent or independent student; and 3) Evidence of 12 consecutive months of living in Nevada as the primary residence.

- The appealing student has **30 calendar days from the date of the residency denial letter** to submit an appeal to the Residency Appeals Committee. **Per Board of Regents' policy, the 30-day appeal submission period is final and not subject to extension.** If the appeal is not filed within the 30-day time frame, the decision to deny residency becomes final. The student may reapply for residency the following term.
- The Appeal Form must also be **accompanied by a copy of the residency denial letter** captured in the student's MyCSN Communication Center.
- **The decision of the Appeals Committee is final** and there is no further consideration beyond this board. The student may reapply for residency the following term.
- **Granting reclassification to in-state student status will apply to the term on the application and to future semesters, but not retroactively to previously attended semesters.**

Name (Last, First)

Submission Instructions: Hand-deliver the signed and completed appeal form to the Office of the Registrar on any one of CSN's main campuses (Cheyenne, Henderson, or Charleston). You must include with this form a copy of your residency denial letter, along with copies of other documents that can prove that you have lived in Nevada for at least 12 consecutive months. You may also scan or email the appeal packet to residency@csn.edu. CSN does not accept faxed submissions. All submitted documents become the property of CSN and will not be returned.

Please type or print below. Illegible and difficult to read writing will be cause for automatic denial.

NSHE ID Number _____ Date of your CSN Residency Denial Letter (copy of letter must accompany appeal) _____

Name _____
Last First Middle Initial

Address _____
Street City State Zip

I _____ (Print Name) have read and understand the statement on top of this form. I _____ (Print Name) also certify that the information provided on this form with supporting documentation is true, accurate and complete.

Student Signature Date

If in your denied residency application you did not provide copies of as many applicable items listed below showing minimal evidence of intent to become a legal, bona fide resident of Nevada, please do so with this appeal.

- Date when present continuous physical residence in Nevada began _____
 - Copy with date of first enrollment at CSN or other NSHE institution _____
 - Copy of Nevada voter registration with issuing date _____
 - Copy of Nevada driver's license or Nevada ID with issuing date _____
 - Copy of most recent year Federal Income Tax Return with Nevada address _____
 - Copy of Nevada vehicle registration _____
 - List any other evidence of Nevada residency that you wish the committee to consider that can support your personal statement below.
- Include copy of documentation: _____

On a separate sheet of paper, preferably typed, provide a brief but complete statement setting forth the summary of relevant facts for reconsideration of your in-state residency denial by the Appeals Committee.

OFFICE USE ONLY

SEMESTER: _____ Approved Denied

Signature Date Notification sent to student Date