STATEMENT OF APPEAL ON RESIDENCY CLASSIFICATION

Student’s Name: ____________________________ Date: ______________

Student BANNER ID Number: _______________

University Assigned Email Address: _________________________________
(This is how we will contact you to set the meeting)

Term You Are Appealing: FALL ____ SPRING ____

It is highly recommended that you read the North Carolina State Residence Manual so that you understand grounds for appeal. Please indicate the ground for appeal by checking the appropriate box.

- [ ] That the residency decision was made in disregard of or mistake with reference to the requirements of law or Manual provisions;
- [ ] That Manual provisions as currently written do not address the present issue presented by the residency decision;
- [ ] That Manual provisions conflict with subsequently developed case law pertinent to the residency decision;
- [ ] That the residency decision is not supported by evidence of record;

Based upon the above data, I formally appeal my current residency status. I understand that only the supporting documentation attached to my residency application and submitted to the Registrar will be considered by the Appeals board. No additional documents can be presented during my appeal.

________________________ ______________________ ___________________
Signature of Student Date

If the student is a minor the signature of the parent/legal guardian is required.

________________________ ______________________
Signature of Parent/Legal Guardian Date