

**Declaration of Spouse/Guardian of Student Petitioning for Residency for Tuition Purposes**

**Directions:** Please print clearly and answer each question. You should complete all sections applicable to your particular circumstances and attach copies of all requested documentation. **This form and requested documentation must be submitted along with the student’s petition and documentation. The deadline for submission is no later than 5:00 p.m. local time of the first day of classes for the term for which reclassification is being requested, based off of the university’s academic calendar.**

**SECTION 1: General Information**

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| (1) Spouse/Guardian Name (Last, First, Middle Initial): | |
| (2) Address: | |
| (3) Name of student for whom this form is being submitted.  Name: | **Please make sure copy of marriage certificate or guardianship documentation, as applicable, is included with the student’s documentation.** |
| 1. Date moved to Wyoming on a permanent basis: | |
| 1. If you are also attending the University of Wyoming, list dates of attendance:   Please indicate: Attending UW as a  **resident** or  **non-resident.** | |
| (6) Are you a U.S. citizen or permanent resident?  **Yes**  **No** | **If you are a permanent resident, attach copy of permanent resident card.** |
| (7) Are you an active Wyoming National Guard member or an active U.S. Armed Forces member stationed in Wyoming, or a dependent of such person?  **Yes**  **No** | **If yes, attach documentation.** |

**SECTION 2: (Financial Information - required)**

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| (8) List employment history for previous 2 years. | | | |
| **EMPLOYER** | **DATES OF EMPLOYMENT** | **CITY, STATE** | |
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| (9) Previous year information  Personal employment earnings from previous year: $  [If there are questions about what qualifies as income for purposes of establishing residency for tuition purposes, please see the main residency website.] | | | **Please attach documentation (e.g. official IRS documents such as tax transcripts, W2, or 1099).**  **Please include letter from employer indicating projected employment period(s) and projected hours of work per period, along with current pay rate.** |
| ***NOTE:*** The estimated Cost of Attendance value calculated by the Office of Student Financial Aid will be taken into consideration whether respective criteria in UW Regulation 8-1(III)(B)(8) have been met. | | | |

**SECTION 3: (Additional criteria – provide as much as is appropriate)**

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| (10) Driver’s license  Do you have a valid State of Wyoming driver’s license or identification card?  **Yes**  **No** | **Attach a copy of WY driver’s license or identification card.** |
| (11) Federal income tax  If you are the spouse of the student and if you filed federal income tax separately from your spouse the previous year, an official IRS tax transcript should be provided as documentation. If you have not yet filed federal income tax forms for the previous year, an official IRS transcript of the year immediately preceding the previous year should be provided as documentation. | **Attach official IRS tax transcript.**  **Copies of federal income tax returns will not be accepted as documentation.** |

**It is recommended that the spouse/guardian make a copy of the petition and included documentation *prior* to submitting it to the Office of the Registrar.**

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| **NOTARIZATION:**  **The spouse/guardian submitting this petition must sign this section in the presence of a notary. This petition cannot be acted upon until notarized.**  **Print spouse’s/guardian’s name:**  **State of**  **County of**  The undersigned person, being first duly sworn, deposes and says:  I hereby certify, under the penalty of perjury, that all statements herein and the information provided are true and correct, and this institution may rely on such statements and information. I fully understand that this institution reserves the right to all available remedies in the event such information is not true and correct, including but not limited to the recovery of all fees to which this institution is legally entitled, but which were not collected because of false information stated herein. I further understand that this institution may take any legal action necessary to recover any outstanding financial obligation.  Signature of Spouse/Guardian:  Subscribed and sworn to (or affirmed) before me this day of , 20 .  **S**  **E** Notary Public:  **A** My commission expires:  **L** |