



## REQUEST FOR IN-STATE TUITION

This form may be applicable for an out-of-state student who has established a permanent residence in Missouri that is outside of Jefferson County. If the new address is in Jefferson County, the Request for In-District Tuition form should be utilized. Note: Viking Woods is not considered a permanent address.

Name (Please Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Out-of-State Address: \_\_\_\_\_

\_\_\_\_\_

In-State Address: \_\_\_\_\_

\_\_\_\_\_

**Check the appropriate box below:**

- I am a dependent student whose parents/guardians have established residency in Missouri.  
Initial date of residency: \_\_\_\_\_
- I am an independent and self-supporting student who has established residency in Missouri.  
Initial date of residency: \_\_\_\_\_

**Provide copies of at least three of the following:**

- Driver's license showing your Missouri address;
- Voter's Registration card for Missouri;
- Copy of Veteran's Administration DD214 showing that you are a military veteran or a member of a National Guard unit;
- Parents' income tax return for previous year showing that they did not claim you on income tax (required for students less than 20 years of age);
- Rent receipt or mortgage payment records showing that you lived in Missouri prior to enrollment at Jefferson College;
- Judge's decree showing that you are a ward of the court; or
- Other evidence: \_\_\_\_\_

I certify that the above information is true. I give the Jefferson College Vice President of Student Services, or their designee, permission to contact those persons who can support my claim of residency. I understand that in order for my tuition to be reassessed for a semester, this form and the required documentation must be submitted prior to the start of that semester.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICE USE ONLY**

**Approved:** Term/Year Effective: \_\_\_\_\_ Date Reassessed: \_\_\_\_\_

**Denied**

\_\_\_\_\_  
**Vice President of Student Services Signature**

\_\_\_\_\_  
**Date**