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

Revised 6/29/2022