BARUCH COLLEGE/CUNY RESIDENCY FORM
Residency Unit
151 East 25 Street, Box H-0720, New York, NY 10010

CUNY RESIDENCY FORM: Part A

1. Last Name____________________________________ First Name__________________ Middle Initial____

2. Soc.Sec.No. ________________________ Date of Birth_______________ Phone No. (        )_____________
   Email Address __________________________________________

3. Are you a U.S. citizen?    Yes____ No____        Are you a permanent resident alien?    Yes ____ No____
   Are you here on a visa?    Yes____ No____ Type: ____________  Expiration Date: _____________________

4. Did you attend a New York high school for two or more years, and graduate from that high school?
   Yes ____ No _____     If yes, high school name and location ________________________________________
   Period of attendance __________________________  Graduation Date  _______________________________

5. Do you have a GED issued by NYS?  Yes  _______  No  ________    Date Issued:  ______________________

   If you answered “yes” to question 4 or 5 and are a U.S. citizen or permanent resident alien, you do not need to complete any further
   sections of this form.

   If you answered “yes” to question 4 or 5 and do not currently have lawful immigration status but have filed an application to legalize your
   immigration status or will file such an application as soon as you are eligible to do so, you must complete Part B of this Residency Form
   (affidavit) before a Notary Public.

   If you answered “no” to question 4 or 5 and are a U.S. citizen, permanent resident alien, or have a visa type eligible to qualify for resident
   tuition, you  must complete Part C of this Residency Form.

   Please refer to the instructions to complete this form for a comprehensive list of eligible visa types.

To Be Completed by All Students

I certify that all information provided and all statements made in all sections of this Residency Form are true and correct

to the best of my knowledge.

I understand that if I provide false information or withhold relevant information in order to obtain the resident tuition rate,

The City University may revoke its determination of in-state residency, and that I will owe non-resident tuition to the

University for each semester or session that I have attended under these circumstances. I also understand that I may be

subject to disciplinary action.

DATE:  _______________________  STUDENT SIGNATURE:  ____________________________________________

   • The college will not review any residency determination unless the request for review is made, and all the required documentation is
     submitted on or before the last day of finals for the semester for which resident tuition is being sought.

   • If the college finally determines that you are a non-resident, you may appeal by notifying the Office of Undergraduate Admissions in
     writing within ten days of the adverse decision. At that time you may submit a statement indicating why you disagree with the College’s
     decision. The Office of Undergraduate Admissions will submit the City University Residency Form, copies of all documentation provided
     by you and any statement made by you, along with the college’s determination, to the University’s Office of the Senior Vice Chancellor for
     Legal Affairs and General Counsel which will render a decision on your appeal.

Rev 2/09
CUNY RESIDENCY FORM: Part B

Affidavit of Intent to Legalize Immigration Status

_____________________________________, being duly sworn, deposes and says that he/she does not currently have lawful immigration status but, has filed an application to legalize his/her immigration status or will file such an application as soon as he/she is eligible to do so.

_____________________________________
(Student’s Signature)

_____________________________________
(CUNY ID #)

Sworn to me this _______________ day of the month of ________________ , 20___

_____________________________________, State of New York, County of ________________________
(Notary Public)
BARUCH COLLEGE/CUNY RESIDENCY FORM
Residency Unit
151 East 25 Street, Box H-0720, New York, NY 10010

CUNY RESIDENCY FORM: Part C

1. Last Name___________________________________ First Name__________________ Middle Initial____

2. Soc.Sec.No. ________________________       Email Address ____________________________________

3. Current Address____________________________________   _____________________   _________   ____
   A. Live with parents__________, or other relatives__________, or other than a relative_________________
      1) If other relatives, describe relationship. _____________________________________________________
      2) If other than a relative, describe situation. ___________________________________________________

List below all your addresses, including temporary addresses and summer addresses during the past 12 months, starting from your current address and working backwards.

<table>
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<tr>
<th>FROM</th>
<th>TO</th>
<th>COMPLETE ADDRESS</th>
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4. A. Parents’ permanent address: _________________________________________________________________
   Street
   City                       State                  Zip

   B. If you are under the age of 18, does anyone other than your parents serve as your legal guardian?
   Yes_____ No_____ If yes, what is their name and address? ____________________________________________

   C. Where did you live during the last June through August period? If different from 4.A., give reason for
   being elsewhere during this period. ________________________________________________________________
5. A. Please list below all full-time and part-time employment (including summer employment and voluntary activities) during the past twelve months starting with the most recent employment.

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<tr>
<th>EMPLOYER</th>
<th>ADDRESS</th>
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B. What is the source of your support? ____________________________________________

______________________________________________________________________________

C. Did you file a New York City/State resident income tax return during the past 12 months? __________

D. Did you file a Federal income tax return during the past 12 months? ___________________________

6. What are your purposes for residing in New York City or New York State? ___________________________

7. Have you applied for any financial aid, scholarships or other benefits provided under the laws of the State of New York or the United States? Yes_____ No_____. If yes, specify and indicate what benefits you are receiving__________________________________________________________

______________________________________________________________________________

8. Do you presently intend to permanently live in New York City or New York State? Yes_____ No_____ Uncertain_____ If uncertain, please explain. ____________________________

______________________________________________________________________________

9. Do you have any explanation you wish to present as a reason for not submitting any of the required documents supporting residency determination? Yes_____ No____ If yes, please provide details.

______________________________________________________________________________

10. Do you have any other proof you wish to present in support of your application to be declared a resident of New York State for City University tuition purposes? Yes____ No___. If yes, please provide details.

______________________________________________________________________________