

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER  
Office of Enrollment Management  
2500 North State Street  
Jackson, MS 39216-4505

REQUEST FOR REVIEW OF RESIDENCY CLASSIFICATION

Residency Classification at the University of Mississippi Medical Center is based upon the Policies and Bylaws of the Board of Trustees Institutions of Higher Learning, State of Mississippi, as approved by IHL and as identified as Section 603 of the Policies and Bylaws of the governing board of higher education for the state of Mississippi.

Please complete the statements on both sides of this form as they apply to your particular situation. You are required to sign this form in the presence of a Notary Public before submitting the form to the Office of Enrollment Management through the online submission portal:

<https://secureforms.umc.edu/forms/Residency-Review.aspx>. Please upload along with this form documentation of your Mississippi residency for twelve (12) consecutive months following your twenty-first birthday. Examples of such documentation are receipts from real estate purchase, apartment rental, and car tag purchase.

You will be notified as soon as possible of the results of the review and evaluation of your request for residency classification.

NAME \_\_\_\_\_  
Last First Middle

BIRTHDATE \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
ZIP CODE \_\_\_\_\_

I reside at \_\_\_\_\_ for \_\_\_\_\_ months of each year,  
and for \_\_\_\_\_ months, I reside at \_\_\_\_\_

Marital Status: \_\_\_\_\_ If Married: Home state of spouse \_\_\_\_\_  
Occupation of spouse \_\_\_\_\_  
Spouse currently resides at \_\_\_\_\_

I own a home in Mississippi at \_\_\_\_\_  
Location

I am a registered voter in \_\_\_\_\_  
City County State

Date of Voter Registration \_\_\_\_\_ Please attach a copy of voter registration card

The automobile I drive is registered in \_\_\_\_\_  
County State

If you do not own the automobile you drive, please give an explanation \_\_\_\_\_  
\_\_\_\_\_

License tag number of your automobile \_\_\_\_\_

State that issued the license plate \_\_\_\_\_

If you do not have a Mississippi license plate, please give an explanation \_\_\_\_\_

\_\_\_\_\_

Your driver's license number \_\_\_\_\_ What state issued your driver's license? \_\_\_\_\_ (attach a copy of your driver's license) If you do not have a Mississippi driver's license, please give an explanation \_\_\_\_\_

Please provide the name and address used on your Federal and State Income Tax Report for the last two years: Federal \_\_\_\_\_  
State \_\_\_\_\_

If you did not file income tax reports, please give an explanation \_\_\_\_\_

If you have not filed a Mississippi Income Tax Report, please give an explanation \_\_\_\_\_

If you are employed full-time or part-time in Mississippi, state the employer and employer's address and the date you were employed \_\_\_\_\_  
Employer Address

Date of Employment \_\_\_\_\_ Describe your duties \_\_\_\_\_

If you are a full-time or part-time student, please attach a copy of your most recent registration form and state the name and address of the college/university \_\_\_\_\_

PLEASE FEEL FREE TO ATTACH COPIES OF OTHER DOCUMENTATION OR STATEMENTS THAT YOU CONSIDER TO BE PERTINENT TO YOUR REQUEST FOR A MISSISSIPPI RESIDENCY CLASSIFICATION.

I declare that my statements on both sides of this form are true and that I have abandoned former domiciles with the intention of remaining in the State of Mississippi permanently for an indefinite length of time.

\_\_\_\_\_, DATE \_\_\_\_\_  
Your Signature in the presence of a Notary Public

Subscribed and sworn to (or affirmed to) me this \_\_\_\_\_ day of \_\_\_\_\_  
Month

\_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Year City State

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_