



APPEAL FOR EXEMPTION FROM NONRESIDENT TUITION UNIVERSITY OF WISCONSIN SYSTEM

To best present your case, please provide all information requested, in as clear and concise a manner as possible. If an item does not apply to your case, indicate with N/A. Your signature, certifying that the information provided is true and complete, must be witnessed by a notary public. **This form must be returned by the institution's appeal deadline. Please see [Wisconsin Statute 36.27](#) for additional guidance on residency.**

SECTION 1: STUDENT INFORMATION					
Previously appealed: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, for which terms? _____			Appeal considered for: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20_____		
Name (as on University record): _____			Date of birth (mo/day/yr) _____		
Student ID #: _____			Email address: _____		
Local Address: Street: _____ City, State, Zip code: _____			Since mo/yr: _____		
Types of current housing:	<input type="checkbox"/> House <input type="checkbox"/> Apartment	<input type="checkbox"/> Dormitory <input type="checkbox"/> Co-op	<input type="checkbox"/> Rent a room <input type="checkbox"/> Fraternity/Sorority	Other: _____	
Permanent home address: Street: _____ City, State, Zip code: _____			Since mo/yr: _____		
Previous permanent home address: Street: _____ City, State, Zip code: _____			From mo/yr: _____	To mo/yr: _____	
For Renters:	Length of lease: _____		Date lease signed: _____	Dates of previous leases in Wisconsin: _____	
Real Estate Owned: <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, real estate owned is located in what state(s)? _____		Date real estate purchased (mo/yr): _____		
Date you decided to make Wisconsin your permanent home (mo/day/yr): _____		Date you last moved to Wisconsin (mo/day/yr): _____			
Place of birth (city/state or country): _____		Country of citizenship: _____		If not U.S. citizen, types of visa: _____	
Date permanent resident card received: _____			Date filed I-485 for permanent resident status: _____		
Do you qualify for Wisconsin military-related benefits?: <input type="checkbox"/> No <input type="checkbox"/> Yes			Wisconsin professional or occupational licenses held and date obtained: _____		


SECTION 1: STUDENT INFORMATION CONTINUED

Sources of financial support for all living expenses (including tuition) during the 12 months prior to the term of the appeal (total should equal 100%):

Parents ____% Spouse ____% Loans ____% Gifts ____% G.I. Bill ____% Relatives ____%

Savings ____% Employment during school ____% Employment during summer ____% College savings plan (529 account) ____% Trust Fund ____% Other ____%

If supported by a trust fund, state to which the trust fund pays income taxes: _____

If you obtained a student loan, please list:	Type of Loan:	Date Obtained:		
Income tax information	Check who you are a dependent of on Federal income tax forms: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse jointly <input type="checkbox"/> My own since (yr) _____ <input type="checkbox"/> Other (name/relationship): _____			
	For which years did you file Wisconsin State Income (not property) tax returns? Filed as full-year resident of Wisconsin (Form 1 or 1A): _____ (years) Filed as nonresident of Wisconsin (Form 1NPR): _____ (years) Filed as a part-year resident of Wisconsin (Form 1NPR): _____ (years), _____ (dates of residency)		WI income taxes withheld from earnings since (mo/yr): _____	
	Taxes paid to other states in the last four years (list states and years): State: _____ Year: _____ State: _____ Year: _____ State: _____ Year: _____ State: _____ Year: _____			
	Your residence as listed on your last federal income tax return (street, city, state): _____		Year of your last federal income tax return: _____	
Voting Information	Registered to vote in Wisconsin since (mo/yr): _____	State last voted in: _____	Date last voted (mo/yr): _____	
Driver and Vehicle Information	Do you have a valid driver's license or learner's permit? <input type="checkbox"/> No <input type="checkbox"/> Yes		If you do not have a driver's license, do you have a Wisconsin-issued state ID? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	State on current driver's license: _____		Driver's license held only in Wisconsin since: (mo/day/yr): _____	
	Presently operate a vehicle (while in school): <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, state of vehicle registration: _____	Date vehicle registered (mo/yr): _____
	If yes, name of party who owns the vehicle: _____		State where owner resides: _____	Relationship to the owner: _____
	Insurance for vehicle carried in state of: _____		Other vehicles owned and registered by you only in Wisconsin since (mo/yr): _____	



SECTION 2: PARENTAL & FAMILY INFORMATION						
Parent name:	Address (including city and state):	At address since: (mo/yr)	Visa type, if not US citizen:			
1. _____	_____	_____	_____			
2. _____	_____	_____	_____			
If parents' names or addresses differ, explain briefly: _____						
If parents ever lived in Wisconsin, give years filed WI taxes, city, and dates of residence.						
Years filed WI resident income tax returns	Wisconsin city parents resided in	Dates parent lived in Wisconsin (from month/year to month/year)				
Parent 1: _____	_____	_____				
Parent 2: _____	_____	_____				
Other relatives residing permanently in Wisconsin:						
Name(s):	Relationship:	City:	From (mo/yr) to (mo/yr):			
_____	_____	_____	_____			
_____	_____	_____	_____			
_____	_____	_____	_____			
_____	_____	_____	_____			
_____	_____	_____	_____			
SECTION 3: SPOUSE INFORMATION						
Check one: <input type="checkbox"/> Spouse <input type="checkbox"/> Fiancé <input type="checkbox"/> Partner						
Name: _____	Occupation: _____	Has been employed in WI since (mo/yr): _____				
Employer: _____	Employer address including city and state: _____					
Period resided in Wisconsin:						
From (mo/yr) to (mo/yr): _____	Reasons for being in Wisconsin: _____					
Date of marriage: _____	Place of marriage: _____	Address of spouse prior to marriage: _____				
SECTION 4: STUDENT'S EMPLOYMENT HISTORY						
List employer and city and state for the entire past four years, <u>including</u> summers. List current employer first. Also include dates and city/state for periods of unemployment.						
FT=Full Time; PT= Part Time						
From (mo/yr):	To (mo/yr):	Employer:	City/State:	FT	PT	Student Employment?
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes


SECTION 5: STUDENT'S VOLUNTEER HISTORY

Organizations and activities you participate in (political, religious, social, community, volunteer, etc.)

From (mo/yr)	To (mo/yr)	Name of Organization	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Note:** The purpose for this information is to indicate your community interests other than as a student for the year preceding the term you are seeking exemption from nonresident tuition. Under the Family Educational Rights & Privacy Act of 1974, this information will be protected from disclosure to any third parties without your prior written consent if you request a closed hearing.

SECTION 6: STUDENT'S EDUCATIONAL HISTORY

High school of Graduation or GED	City/State of High School	Year of Graduation or GED
_____	_____	_____

List all educational institutions attended including college, university or technical school. Indicate degrees granted in space below. R= Resident NR= Nonresident N/A= Not Applicable

Academic Year From (mo/yr) to (mo/yr)	Educational Institution	City/State	Residence Status	
			<input type="checkbox"/> R <input type="checkbox"/> NR <input type="checkbox"/> N/A	
			<input type="checkbox"/> R <input type="checkbox"/> NR <input type="checkbox"/> N/A	
			<input type="checkbox"/> R <input type="checkbox"/> NR <input type="checkbox"/> N/A	
			<input type="checkbox"/> R <input type="checkbox"/> NR <input type="checkbox"/> N/A	
			<input type="checkbox"/> R <input type="checkbox"/> NR <input type="checkbox"/> N/A	
			<input type="checkbox"/> R <input type="checkbox"/> NR <input type="checkbox"/> N/A	
Degrees granted	Educational Institution	Degree	Mo/yr	

*If necessary, list additional educational history and degrees on an attached sheet.

SECTION 7: PERSONAL STATEMENT

Please read the extract from the Wisconsin Statute. In the space on the next page (maximum 3000 characters), and/or on a separate 8½x11 sheet, provide any additional information that would clarify your residence status and/or help to rebut a possible presumption that, having entered and remained in Wisconsin principally for educational purposes, you are presumed to continue to be domiciled outside this state. Be concise but thorough. **Do not restate information already provided in the attached appeal affidavit.** Comment specifically on the following:

- Your purpose in coming to Wisconsin.
- Your purpose in remaining in Wisconsin.
- In chronological order, facts that in your opinion tend to establish your residence in the State of Wisconsin.
- Any other findings that you believe are important to a finding of residency for tuition purposes for you.

SECTION 7: ENTER PERSONAL STATEMENT HERE OR ATTACH A SEPARATE SHEET

The undersigned hereby swears to the information provided in the pages of this affidavit. I understand that any false or misleading information on this affidavit will jeopardize my admission or right to continue in the university. I also understand that there will be no fee payment extension due to filing an appeal from nonresident tuition, and my tuition must be paid by the deadline or I may be assessed a late payment fee in accordance with university policy.

State of Wisconsin, County of _____ The document was signed before me On _____ By (appellant) _____ _____ Notary Public My Commission Expires _____	_____ Signature of person making affidavit
Address where you would like the hearing results sent. If your address changes, it is your responsibility to notify us in writing, listing the new address and effective date.	Name: _____ Street Address: _____ City: _____ State: _____ Zip code: _____



YOUR HEARING RIGHTS AND OPTIONS

You have the right to **APPEAR IN PERSON** at your hearing (check one):

- ☐ *I wish to appear in person at my appeal hearing.*
- ☐ *Although I am entitled to a personal appearance, I waive my right to appear in person at my appeal hearing.*

OPTIONAL Waiver of Legal Right to Ten Day Prior Notification of the Meeting

All appellants are sent notification of the meeting ten days prior to the meeting unless, by signing below, you waive your right to a ten-day notice. By signing below you may be scheduled into an earlier appeal hearing with less than 10 days' notice of your hearing date.

I hereby wish to waive my legal right to ten (10) days prior notification as required by Ch. UWS 20, Wisconsin Administrative Code.

Signed: _____ Date: _____

OPTIONAL You have the right to an Open Session

The Nonresident Tuition Appeals Committee sits in CLOSED session during the evidentiary portions of individual cases, appellant's testimony, committee deliberations, findings of fact and deciding the issues. You may request an open session appeal hearing, however, as a result, any documents you submit or facts from your University records may be available to members of the public under Wisconsin law.

I hereby request that my hearing be in OPEN session.

Signed: _____ Date: _____

HELP US AVOID SCHEDULING CONFLICTS:

Other than your regular class schedule, please list any days of the week (or any specific dates) that you are unable to appear at a hearing _____
