****

**State of Louisiana**

**ACADEMIC COMMON MARKET**

## Application and Certification of Residency

***Please print***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of higher education institution**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of major**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree (B.S., M.S., Ph.D., etc.)**

**Is this an Electronic Campus degree? (circle one) YES NO**

**I. BIOGRAPHICAL INFORMATION**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Social Security # \_\_\_\_XXX-XX-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(last four digits only)*

**Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permanent Louisiana Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/Town State Zip Code**

**Phone (\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you lived at this address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Only electronic copies of the certification will be issued – if you do not specify an email address, a hard copy will be mailed to your permanent Louisiana address noted above)*

**II. SUPPORTING DOCUMENTATION**

This application **MUST** be accompanied by the items listed below:

|  |  |
| --- | --- |
| **REQUIRED DOCUMENTATION** | **Check if Enclosed** |
| A letter of **unconditional** acceptance from the university (a photocopy is acceptable) stating: a) That you have officially been accepted into the university b) **The *specific name of your major* (matching the name of the major you indicated on page 1 of this application).** Students with *conditional*, *probational, provisional,* or *non-degree seeking status* are not eligible for Academic Common Market participation. |  |
| A photocopy of the student’s Louisiana driver’s license or identification card.  |  |
| A photocopy of the most recent federal tax form indicating Louisiana domicile. As the applicant, if you are a ***dependent*** of your parents/legal guardian/spouse, then ***that person’s*** supporting documentation showing Louisiana domicile should be submitted. If you are an ***independent*** student, then supporting documentation showing a Louisiana domicile should be in ***your*** name.  |  |
| A photocopy of a motor vehicle registration, utility bill, or voter registration card. |  |

*The Board of Regents reserves the right to ask for additional documentation.*

PLEASE SIGN BELOW AND HAVE THIS APPLICATION NOTARIZED BEFORE RETURNING IT TO THIS OFFICE.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND UNDERSTAND THAT THE INFORMATION WILL BE USED IN REVIEWING MY ELIGIBILITY AS A LEGAL RESIDENT OF THE STATE OF LOUISIANA. I FURTHER UNDERSTAND THAT THE COMPLETION OF THIS FORM DOES NOT GUARANTEE CERTIFICATION.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*SIGNATURE OF APPLICANT (Student Only)*

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_\_\_\_\_\_\_ DAY OF\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *NOTARY PUBLIC (please be sure to affix seal to this document)*

My Commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE DO NOT FAX.*** *THE ORIGINAL APPLICATION AND DOCUMENTATION MUST BE MAILED TO:*

*Dr. Jeannine Kahn*

*Louisiana Board of Regents*

*Division of Academic Affairs – Suite 6-200*

*P.O. Box 3677*

*Baton Rouge, LA 70821-3677*

***NOTE: Should you change your major, it will be necessary to re-apply for ACM Certification by completing a new Application.***