



ARIZONA HIGH SCHOOL GRADUATE TUITION APPLICATION

Residency Classification Office

Administration Building, Room 210

P.O. Box 210066, Tucson, AZ 85721-0066

Phone: 520-621-3113 | Email: reg-rco@arizona.edu

Office use only:	Term:

By:	Date:

THE UNIVERSITY OF ARIZONA

For the Fall 2024 term, a completed application and supporting documentation must be received by September 03, 2024.

Submissions received after September 03, 2024, will not be considered for Fall 2024. To receive a decision for this exception request prior to the first day of classes, you must submit this form and all appropriate documentation by July 19, 2024. **Please email the form and documentation to reg-rco@arizona.edu.** More information can be found on our website: <https://www.registrar.arizona.edu/residency>.

Student's Name: _____

Student's ID Number: _____

University of Arizona email: _____

Check one: New student Continuing student

Semester: Spring Summer Fall **20** _____

Program: Undergraduate Graduate Professional

Number of years attended at Arizona high school: _____

U.S. Citizen: Yes No (if no, in what country do you hold citizenship): _____

Visa Type: _____

Permanent Resident: Yes No

Refugee/ Asylee: Yes No

By signing this document, I hereby certify that all the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge.

Signature of Student _____

Date _____