



Domicile Administration
 Office of the Registrar
 4400 University Drive, MS 3D1
 Fairfax, Virginia 22030-4444
 Telephone: 703-993-2464
 Facsimile: 703-993-2430

Reconsideration Form Appeal for In-state

REQUEST FOR RECONSIDERATION

Name _____ ID # G _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____@gmu.edu

Instructions: A student who disagrees with the intermediate domicile decision at Level 2A or 2B and wishes to present new, objective information to support his or her claim of eligibility should complete this form and attach relevant documentation. Any new information must be within the review period ending on the first day of the term for which you are seeking a reclassification. The deadline for requesting reconsideration is FIFTEEN (15) calendar days after the date of the University's intermediate decision. Please check the appropriate boxes:

I request reclassification of my intermediate domicile classification based on the following new objective information:

(Attach supplementary sheet if more space is needed.)

I have attached copies of the following documents in support of my request:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

STUDENT'S CERTIFICATION

This certification must be executed by the student/applicant.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE, COMPLETE AND ACCURATE. I UNDERSTAND THAT IF I KNOWINGLY PROVIDE ERRONEOUS INFORMATION IN AN ATTEMPT TO EVADE PAYMENT OF OUT-OF-STATE TUITION FEES, I SHALL BE CHARGED OUT-OF-STATE TUITION FEES FOR EACH TERM ATTENDED AND I MAY BE SUBJECT TO DISMISSAL FROM THE UNIVERSITY.

 Student's Signature

 Date

RETURN TO: Domicile Administration, Registrar's Office, North Chesapeake Module, Fairfax, VA 22030-4444