



Domicile Appeals Administration
 Office of the University Registrar
 4400 University Drive, MS 3D1
 Fairfax, Virginia 22030-4444
 Telephone: 703-993-2464 Facsimile: 703-993-2467
 website: registrar.gmu.edu/students/domicile/
 email: domicile@gmu.edu

Reconsideration Appeal Form

INSTRUCTIONS

THIS FORM MUST BE TYPED. Hand written forms will not be processed. A fillable version of this form is accessible using Adobe Reader (<http://get.adobe.com/reader>).

For office use only	
<input type="checkbox"/>	New Student
<input type="checkbox"/>	Continuing Student

A student who disagrees with the previous domicile decision or 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.

Semester of Appeal: Spring 2017	
Student Information	
Student ID _____	GMU Email Address: _____@gmu.edu
Last Name _____	Home Phone _____
First Name _____	Work Phone _____
MI _____ Suffix (Jr., II) _____	Cell Phone _____
<p>I request reclassification of my intermediate domicile classification based on the following new objective information for:</p> <p><input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">(Attach additional sheets if more space is needed)</p>	<p>I have attached copies of the following documents in support of my request:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>

Students with a pending appeal are responsible for payment of the out-of-state tuition rate and any other associated fees. Students must also meet any payment deadlines established with the University.

I hereby certify that the information given is true, accurate, and complete. I also understand that if I fail to respond to all questions or I knowingly provide erroneous information in an attempt to evade payment of out-of state tuition and fees, I will be charged out-of-state tuition and fees for each term attended and be subject to dismissal from the University per the [Code of Virginia section 23-7.4](#).

 You agree that by typing your name, you are electronically signing this document.

 Date