Appealing Your Residency Petition

The residency appeal process affords students the opportunity to appeal a denial of their residency classification petition in front of University Residency Appeals Board. This board is staffed by faculty, staff and students from across the University. Staff members from the Residency Classification Office do not serve on this board.

Appeal hearings are scheduled on a first-come, first-serve basis. **If you wish to appeal, you are encouraged to request a hearing no later than 10 days after your petition is denied.** This will ensure that your hearing is scheduled for the next available hearing date.

All appeal requests must be written and include the following information:

- The student's name and current mailing address;
- The reasons why the student claims the classification determination is erroneous; and
- A notarized statement setting forth all facts in support of the student's claim that the classification determination is erroneous.

As your appeal hearing will be an open meeting, you must also sign a waiver of the “Family Educational Rights and Privacy Act” (FERPA) in order to comply with the Arizona Open Meeting Law.

Your appeal is an opportunity to respond to your petition denial and provide additional clarification and/or documentation to demonstrate you meet current guidelines for residency classification. However, the Residency Appeals Board will review all aspects of the application, not just the points of highlighted in your decision justification. Therefore, you are advised to be prepared to answer any questions asked by the appeal board.

The type of petition you submitted will determine what areas you may need to address in your appeal. For example, independent students should specifically address the areas of intent, sources of support, and the physical presence requirement. Students petitioning under an exception to the 12-month physical presence requirement (e.g. Dependent of an Arizona Resident) should provide documentation that supports their eligibility for that exception. Please be advised, the appeal board will review your file in its entirety. If you have any additional information you would like to include in your file, please submit it with your appeal form.

Per ABOR Policy 4-205. F, after a student has properly filed a request for an appeal, the Residency Classification Office will schedule the student for the first available date and time for a hearing with the University Residency Classification Appeals Board. If an attorney will represent the student, the student must inform the Residency Classification Office in advance (ABOR Policy 4-205.G). **New information and documentation must be submitted to the Residency Classification Office at least ten business days prior to a scheduled appeal.**

Once an appeal has been scheduled, cancellations or request to reschedule must be submitted in writing to the Residency Classification Office no later than seven business days before the appeal.

**Please Note:** Per ABOR Policy4-205. D and 4-205. E, a student’s requests to appeal their residency classification **must be submitted no later than 35 days** after the last day of registration for the term for which the initial petition was submitted. Failure to properly file an appeal request prior to the established deadline date constitutes a waiver of the right to appeal (deadlines for submitting an appeal can be found at: [https://students.asu.edu/academic-calendar](https://students.asu.edu/academic-calendar)

Revised: February 10, 2014
Residency Appeal Form

Per Arizona Board of Regents (ABOR) policy Section 4-205, a student wishing to appeal their decision, has the right to present their appeal to the Residency Classification Appeals Board at an open hearing. Use this form to appeal a denial of a petition for residency classification. Attach additional pages as needed.

1. Student Name: __________________________________ ASU ID: ____________________________

2. Current Mailing Address: ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

3. How do you wish to be notified of your appeal hearing and time?
   □ Myasu.edu e-mail and/or
   □ Certified Letter to current mailing address

4. Why do you feel your petition decision is erroneous? Using the space below, please address the reasons included in your decision justification. If additional space is needed please write “See Attached” in the space below.
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

5. List all new documentation you are providing with this request:
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

6. FERPA Waiver
   I, ________________________________, hereby waive my rights of privacy under the “Family Educational Rights and Privacy Act” (commonly known as the Buckley Amendment) for the purpose of appealing my residency classification before the University Residency Classification Appeals Board and, hereby, acknowledge that said hearing is an “open-meeting”.

Notarized Statement

_____________________________ ____________________________
Student’s Signature Date
Subscribed and sworn to before me on this _______day of __________, 20___

_____________________________
(Signature of Notary Public)

State of __________________________ County of __________________________
Commission Expires: __________________________

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