



Application for Reduced Nonresident Tuition "Good Neighbor" or Alumni Dependant

Instructions: Read the regulations before completing the form.
Please type or print in ink. Provide accurate and complete information.

SEMESTER APPLYING FOR ADMISSION TO UNLV: Fall _____ Spring _____ Summer _____

1. LEGAL NAME _____
Last First Middle

BIRTHDATE _____
Month Day Year Social Security Number

2. CURRENT ADDRESS _____
Number and Street City State Zip Code

TELEPHONE _____

3. PERMANENT ADDRESS _____
Number and Street City State Zip Code

TELEPHONE _____

4. HIGH SCHOOL/COMMUNITY COLLEGE LAST ATTENDED _____
School City State County

DATE OF GRADUATION _____

5. LIST WHERE YOU HAVE PHYSICALLY RESIDED AS A LEGAL BONA FIDE RESIDENT FOR THE LAST 12 MONTHS:

CITY _____ COUNTY _____ STATE _____

6. REGISTERED VOTER _____? IF YES, DATE REGISTERED (month/day/year) _____

COUNTY _____ STATE _____

7. DRIVERS LICENSE (State) _____ (Year) _____ VEHICLE REGISTRATION (County) _____

STATE _____ YEAR _____

8. LIST EMPLOYMENT RECORD FOR THE LAST 12 MONTHS:

EMPLOYER	CITY	STATE	SPECIFIC DATES		# OF HOURS WORKED (WEEK)
			FROM	TO	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. "GOOD NEIGHBOR" ONLY: ATTACH PHOTO COPIES OF DOCUMENTS WHICH VERIFY THAT YOU HAVE PHYSICALLY RESIDED IN THE CITY, COUNTY, AND STATE LISTED FOR AT LEAST THE LAST 12 CONSECUTIVE MONTHS. ALSO INCLUDE A COPY OF YOUR DRIVERS LICENSE OR CAR REGISTRATION OR VOTER REGISTRATION ISSUED 12 MONTHS PRIOR TO THE BEGINNING OF THE SEMESTER YOU ARE CLAIMING RESIDENCY IN A "GOOD NEIGHBOR" COUNTY.

10. ALUMNI DEPENDENT ONLY: ATTACH PHOTO COPIES OF PICTURE ID FOR YOURSELF AND YOUR ALUMNI PARENT/GUARDIAN ALONG WITH EITHER A BIRTH CERTIFICATE, ADOPTION PAPERWORK, OR RECENT TAX FORM (SHOWING PROOF OF DEPENDENCY).

CERTIFICATION: I HEREBY CERTIFY, UNDER THE PENALTIES OF PERJURY, THAT ALL STATEMENTS ARE TRUE AND CORRECT; AND I FULLY UNDERSTAND THE UNIVERSITY OF NEVADA SYSTEM RESERVES THE RIGHT TO RECOVER ANY FEES WHICH ARE LEGALLY AUTHORIZED, DUE AND PAYABLE, BUT NOT COLLECTED BECAUSE OF FALSE INFORMATION STATED HEREIN; AND I FULLY UNDERSTAND THE UNIVERSITY SYSTEM MAY TAKE ANY LEGAL ACTION NECESSARY TO RECOVER AN OUTSTANDING FINANCIAL OBLIGATIONS.

Date _____ Applicant's Signature _____

OFFICE USE ONLY

Date approved _____ by _____ Date Disapproved _____ by _____

Remarks: