

**NORTHWEST MISSOURI STATE UNIVERSITY  
PETITION FOR RESIDENT FEES  
FOR UNEMANCIPATED OR MARRIED STUDENTS**

Date Received \_\_\_\_\_

This form must be **completed in full, notarized**, and received by the Office of Admissions at least three weeks prior to the start of the trimester for which the petition is made, **with all supporting documents.**

**STUDENT INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Phone

Dates of enrollment at NWMSU: from \_\_\_\_\_ to \_\_\_\_\_

**INFORMATION BELOW TO BE COMPLETED BY PARENT, GUARDIAN OR SPOUSE**

Name of parent, guardian, or spouse \_\_\_\_\_

If guardian, date of court appointment \_\_\_\_\_ court location \_\_\_\_\_

Did you claim the student as a dependent on your last income tax return? \_\_\_\_\_

**\*\*PLEASE ATTACH A COPY OF THAT INCOME TAX RETURN.**

**\*\*IF MARRIED, PLEASE ATTACH COPY OF MARRIAGE CERTIFICATE.**

Is your domicile presently with the State of Missouri? \_\_\_\_\_

If so, on what date did you relocate to Missouri? \_\_\_\_\_

If so, what is your current address? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

Are you and/or your spouse employed full-time within the State of Missouri? \_\_\_\_\_

If so, where are you employed? \_\_\_\_\_

On what date did your Missouri employment begin? \_\_\_\_\_

**\*\*PLEASE PROVIDE DOCUMENTATION OF YOUR DOMICILE AND EMPLOYMENT**

**WITHIN THE STATE OF MISSOURI, AND A COPY OF YOUR MISSOURI DRIVERS LICENSE.**

Are you presently serving in the military? \_\_\_\_\_

If so, where are you now stationed? \_\_\_\_\_

What state is your official "Home of Record"? \_\_\_\_\_

**\*\*PLEASE PROVIDE DOCUMENTATION ON WHERE YOU ARE STATIONED (IF MISSOURI) OR ON YOUR "HOME OF RECORD" (IF MISSOURI).**

I hereby certify that the above information and enclosed documentation is complete and accurate.

\_\_\_\_\_  
Parent, guardian, or spouse's signature

*(Form Must Be Notarized)*  
**BELOW FOR USE OF NOTARY PUBLIC**

Subscribed and sworn before me in the City of \_\_\_\_\_, State of \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public