



Utah State University
Admissions Office
TSC Room 102
435.797.1079
residency@usu.edu

Instructions: Please fill out this form electronically, sign and upload it with supporting documentation through http://resdoc.usu.edu/.

STUDENT INFORMATION

Name: _____ A#: _____
Phone: _____ Email: _____

Please list the YEAR _____ and SEMESTER _____ you are seeking a residency status change.

Check the box that applies to you: Incoming Student Current Student

In the box below, clearly explain your extenuating circumstance and why you feel an exception to University and State policy should be granted.

I have truthfully represented all statements contained in this petition to the best of my knowledge.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY:

NOTES:

APPROVED DENIED
MODIFIED ADDITIONAL DOC REQUIRED

Residency Appeals Committee Member Signature: _____ Date: _____