



# Express Application for New York State Residency for Tuition Billing Purposes

**IMPORTANT:**

This application should be used only if at least one of the following circumstances have been met:

1) You have attended an approved New York State high school for two or more years, graduated from an approved New York State high school and applied for admission to the University within five years of receiving a New York State high school diploma;

**OR**

2) You have attended an approved New York State program for a General Equivalency Diploma (GED) exam preparation, received a GED and applied for admission to the University within five years of receiving the GED.

All others should complete the full Application for New York State Residency for Tuition Billing Purposes, online at: <https://www.stonybrook.edu/commcms/sfs/residency/index.php>

## SECTION A (To Be Completed By All Applicants)

Semester Applying For:

Student Name:

Academic Level:

Undergraduate

Graduate/Professional

Student ID:

*(Last)*

Date of Birth:

*(First)*

*(Middle)*

Age:

Email Address:

Citizenship:

U.S

Permanent Resident

Political asylum/refugee

Alien Registration Number:

Other?

Yes  No

**Check One:**

1) I have attended and graduated from a New York State high school.

I have attended a New York State high school for two or more years.

Yes

No

Period of Attendance: \_\_\_\_\_

Name of School: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

2) I have attended an approved New York State program for a General Equivalency Diploma (GED) exam preparation, and received a GED issued by New York State.

Yes

No

**\*\*IMPORTANT\*\***

You MUST attach copy of your final high school transcript or GED.

**Office Use Only**

Approved

Denied

Term: \_\_\_\_\_

Date: \_\_\_\_\_

PeopleSoft Update: \_\_\_\_\_

**STOP! Applicant Affirmation – To Be Completed Before a Notary Public**

STATE OF NEW YORK            )  
COUNTY OF                    )

I, \_\_\_\_\_, the applicant herein, being duly sworn, do hereby affirm that all information provided on this form and any attachments thereto, is accurate, complete and true to the best of my knowledge. I understand that knowingly providing false information will disqualify me from residency status for tuition billing purposes and render this application null and void.

\_\_\_\_\_

*Applicant Signature*

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_

*Notary Public*



## Student Affidavit of Intent to Legalize Immigration Status

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ being duly sworn, deposes and says that I do not currently have lawful  
(Student's name)  
immigration status but have filed an application to legalize my immigration status or will file such an application as  
soon as I am eligible to do so.

\_\_\_\_\_  
(Student's signature)

Sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)