This COMPANY TRANSFER DOMICILE AFFIDAVIT is designated for students (or whose spouse / parents) who are employee transfer domiciled in Arizona. To be considered a transferred employee; the individual must be employed full-time, benefit eligible, and be transferred to this state for employment purposes. The normal one-year requirement for residency can be waived.

**NEW OR TRANSFER STUDENT**
*NEWLY ADMITTED*

**CONTINUING UNDERGRADUATE STUDENT**
*CURRENTLY ENROLLED*

**GRADUATE STUDENT**

<table>
<thead>
<tr>
<th>NEW OR TRANSFER STUDENT</th>
<th>CONTINUING UNDERGRADUATE STUDENT</th>
<th>GRADUATE STUDENT</th>
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<tr>
<td><strong>SPRING 2017 term</strong></td>
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<td>Submit this petition by the deadline to:</td>
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<tr>
<td>Office of Undergraduate Admissions</td>
<td>Office of the Registrar</td>
<td>Office of the Graduate College</td>
</tr>
<tr>
<td>Sechrist Resource Center</td>
<td>Gammage Building 01, Room 112</td>
<td>Ashurst/Old Main Building 11,</td>
</tr>
<tr>
<td>Sechrist Hall Building 42</td>
<td>P.O. Box 4103</td>
<td>Room 107</td>
</tr>
<tr>
<td>P.O. Box 4084</td>
<td>Flagstaff, AZ 86011-4103</td>
<td>624 S. Knoles Dr.</td>
</tr>
<tr>
<td>Flagstaff, AZ 86011-4084</td>
<td>Phone: (928) 523-5359</td>
<td>Flagstaff, AZ 86011-4125</td>
</tr>
<tr>
<td>Phone: (928) 523-5511</td>
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<td>Phone: (928) 523-4348</td>
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*ANY SECTION LEFT BLANK MAY JEOPARDIZE THE STUDENT'S CASE FOR RESIDENCY.*

- This form must be completed, notarized, and returned to the Residency Classification Office. Submit this affidavit and supporting documents to the appropriate office as indicated above.
- Supporting evidence must be provided as clear and legible photocopies.
- The student will be contacted if the office requires further information.
- The student will be notified of the classification decision by mail.
- *Students may only apply for residency and appeal any decisions once during a term.*
PART I: STUDENT INFORMATION – please print legible

NAU ID #_________________ □ Undergraduate New/Transfer  □ Currently enrolled Undergraduate  □ Graduate

Full Legal Name: ___________________________________________ E-mail Address: ___________________________________________

Complete Mailing Address: _____________________________________________________________

Street  City  State  Zip

Phone Number: (____)______________ Date of Birth: ___________________________ Age: ______

Place of Birth: __________________________ Date/Location of High School Graduation: __________________________

For what term are you seeking classification as a resident?  □ FALL  □ SPRING  20_______

Check one: □ First-time enrolling student (not previously enrolled)  □ Returning student (previously enrolled)
PART II: DOMICILE INFORMATION – Please complete

Transferred Individual’s Name: ________________________________  Employee ID: ________________________________

Current Address: ____________________________________________

City  State  Zip

Phone: (____)______________  Date of Present Stay in Arizona Began: ________________________________

Where did you live before your present stay in Arizona: ________________________________________________

How long did you live there? __________________________________________________________ (give dates)

Transferring Employee’s Employment History for the past two years (list current employer first)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Place of employment</th>
<th>Inclusive dates</th>
<th>Phone number</th>
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As an applicant, are you the transferred employee?  Yes / No________

or the spouse of the transferred employee?  Yes / No________

or the dependent of the transferred employee?  Yes / No________

Transferred individual’s information:

Citizenship (Specify Country): United States  Yes / No________  Other: __________________________________________________________________________

VISA Type: ________________  Date Issued: ________________

Arizona Voter Registration:  Yes / No________  Date Issued: ________________

Arizona Driver’s License:  Yes / No________  Date Issued: ________________  Number: ________________________________

Arizona Vehicle Registration:  Yes / No________  Date Issued: ________________  Number: ________________________________

Additional Pertinent Information:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
CERTIFICATION

I certify that ______________________________________ is eligible to be considered for domicile in Arizona as of _____ (Student) the date of enrollment for which this application is intended. I further certify that the student and or spouse/parent is currently domiciled in Arizona and that each of the foregoing statements is a true and correct statement of fact.

Any student found to have made false or misleading statements shall be subject to dismissal from the University.

Signature of parent or spouse is not required if the student is the individual being company transferred to the state of Arizona.

______________________________________
Signature of Spouse/Parent

______________________________________
Signature of Student

______________________________________
Signature of Notary Public

State of _____________________  County of _____________________

Signed and subscribed before me on this __________ day of ______________________, 20____

My commission expires: ____________________________

(seal)
Company Transfer
Supporting Evidence for Domicile Affidavit

In addition to completing the Company Transfer Domicile Affidavit, attach as many of the pertinent documents as possible to help assist the Residency Classification Officer in determining your domicile of the student.

I. Evidence of domicile: Submit all relevant evidence for both student and spouse/parent.

In determining domicile, the residency specialist may consider any relevant evidence including, but not limited to, the items in the list below. Please submit all relevant evidence for both student and transferred employee of application for resident status.

1. Proof of payment or reimbursement of moving expenses by his/her employer
2. Proof of company transfer describing transfer and full-time, benefit-eligible position with the company
3. Name, address and phone number of current employer
4. Proof of employment – pay stubs for Arizona and previous state
5. Copy of Arizona Driver’s license
6. Copy of Arizona Vehicle registration
7. Copy of Vehicle insurance
8. Copy of Voter registration
9. Copy of Bank statement with current address
10. Copy of Licensing for professional practice (if applicable)
11. Copy of Real property / lease agreement
12. Copy of Arizona tax return (never filed must submit letter of intent to file with State of Arizona)
13. Copy of Marriage license (if applicable)
14. Any other material that may provide clear and convincing evidence.

*All above documents are mandatory for establishing domicile.

II. Evidence of Domicile

The individual is domiciled in Arizona for employment purposes or the spouse of such an employee, or an employee of an Arizona employer and is taking not more than six credit hours solely through electronic course delivery at employer-sanctioned sites in Arizona, when the employer is required to pay additional site fees or transmission costs.

To be considered a transferred employee, the individual must be employed full-time. Benefit eligible, and be transferred to this state for employment purposes. This exception does not apply to the following situations:

a. New Hire
b. Recruited by Arizona employer
b. Self employment
c. Employee-initiated transfer
c. Rehire
d. Fiancé or significant other
d. Family owned business

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