

**ACADEMIC COMMON MARKET
APPLICATION FOR CERTIFICATION
STATE OF ARKANSAS**

Name		Social Security Number
Permanent Address		
Present Mailing Address		
Email Address		Telephone Number
How long have you resided in Arkansas? (years, months)	U.S. Citizen (yes or no)	Permanent Resident (yes or no) Submit a copy of your green card (front & back)
Name of Institution You Plan to Attend		Academic Term & Year You Will Enroll
DEGREE and PROGRAM of STUDY (*Attach the letter from the <u>Office of Admissions</u> that verifies your <u>unconditional acceptance</u> into an <u>approved degree program</u> .)		

PROOF of RESIDENCY: An individual must be a legal resident of the State of Arkansas for six continuous months prior to applying for ACM certification. An individual living in Arkansas solely for the purpose of attending an Arkansas college or university is not a legal resident of the state and cannot be certified for the Academic Common Market. A non-resident student must live in Arkansas for six continuous months following graduation from an Arkansas college or university to be eligible for participation in the Academic Common Market.

I request certification as a legal resident of the State of Arkansas and hereby submit two or more of the following documents as evidence in support of this fact. (Photocopies are acceptable.)

- Proof of payment of current Arkansas property tax (for the previous year)
- Proof of full-time employment in Arkansas (for the past six months)
- Proof of current Arkansas driver's license (issued at least six months prior to submitting application)
- Proof that your spouse is a legal resident of Arkansas (for the past six months)
- If a dependent, provide evidence that parent/guardian is an Arkansas resident.
(listed on your parent/guardian federal or state tax return for the previous year)

I understand that this evidence will be used in reviewing the assertion that I am a legal resident of the state of Arkansas and will not necessarily result in a possible finding. I hereby certify that the statements made herein are true and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

(Please do not write in the space below)

The applicant named above is hereby certified as a legal resident of the state of Arkansas. As such he/she is entitled to a waiver of out-of-state tuition in the program stated above, assuming acceptance for admission by the institution.

Certifying Official _____ Date _____