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

Student Accounts Office | CC-G26 | 1400 Washington Avenue | Albany, NY 12222  
Contact: residency@albany.edu

Fall Semester Deadline: October 1    Winter Session Deadline: January 2    Spring Semester Deadline: March 1    Summer Sessions Deadline: July 1

**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.

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

<table>
<thead>
<tr>
<th>Semester Applying For:</th>
<th>Are you applying due to a TAP residency review?</th>
<th>Academic Level:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>□ Yes  □ No</td>
<td>□ Undergraduate</td>
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<tr>
<td></td>
<td></td>
<td>□ Graduate/Professional</td>
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Student Name: ____________________________________________

(Last) (First) (Middle)

Student ID: ____________________________

Date of Birth: ____________________________

Age: ____________________________

Email Address: ____________________________

Citizenship: ____________________________

If Other, Visa Type: ____________________________ (Attach Copy)

☐ U.S  ☐ Other

If you are a US permanent resident, list your Alien Registration Number: ____________________________

Are you an undocumented alien? ☐ Yes ☐ No  
(If yes, attach expired visa and complete attached Affidavit.)

Check One:

1) I have attended and graduated from a New York State high school, having attended that school for two or more years.

   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 official, final HS transcript or GED.