



MISSISSIPPI INSTITUTIONS OF HIGHER LEARNING
OFFICE OF ACADEMIC AND STUDENT AFFAIRS
3825 RIDGEWOOD ROAD ▪ JACKSON ▪ MS ▪ 39211-6453
601-432-6355

Dear Student:

Please complete the enclosed Academic Common Market application and submit it along with the following required documents.

1. Photocopies of **two** of the following documents to establish proof of your **current Mississippi residency**:
 - A valid Mississippi driver's license or state-issued identification (required)
 - Mississippi voter registration card
 - Proof of homeownership in Mississippi (may use parent/guardian information)
 - Full-time employment within the state
 - Mississippi motor vehicle registration
 - Letters from two non-relatives verifying your current Mississippi address
 - Other documentation as needed to establish residency
2. An **official letter of acceptance** from the school or department at the institution that you plan to attend, which must indicate *unconditional* acceptance affirming:
 - Official acceptance into the university, and
 - Full acceptance into the specified degree program
 - Date of admission into the program
 - Entering classification
3. A description of your curriculum or course study that includes **the degree title and the program of course descriptions**, which may be copied from the catalog at the institution you plan to attend.
4. Return the application and required documents at least four weeks before the school's registration date. This will allow us time to process the application promptly.

Upon receipt of the completed application and the valid required documents, your eligibility as a Mississippi resident will be determined. You will be notified of the status of the application and the decision rendered.

If you have any questions, please contact us at 601-432-6355.

Sincerely,

ACM State Coordinator
Academic Common Market Program

NOTE: If your application is approved and you are classified as a legal resident of the State of Mississippi for purposes of the Academic Common Market (ACM) program, you will be granted a waiver of out-of-state tuition for the specific degree program requested, for the effective date noted. This certification is valid until you graduate; however, you must remain in the good academic standing in your approved program of study, be continuously enrolled full-time, and you may not change majors. **Additional eligibility requirements of the host college or university may apply to your degree program. It is your responsibility to communicate directly with the host college or university's ACM Institutional Coordinator for specific details.**

**THE ACADEMIC COMMON MARKET APPLICATION FOR CERTIFICATION
STATE OF MISSISSIPPI**

Name _____ Social Security No. _____
Last First Middle (Maiden) (Last four digits)

Home Address in Mississippi _____
Street or P.O. Box City/State/Zip Code

Present School Address (**Only if different from above**) _____
Street or P.O. Box City/State/Zip Code

Phone Number (Home) _____ (Cell) _____ (Other) _____

Email Address _____

How many years have you resided in Mississippi? _____ From (year) _____ To (year) _____

Under the terms of the Memorandum of Agreement for the Academic Common Market, I understand that the State of Mississippi has made arrangements for its residents accepted for admission in the following program to enroll on an in-state tuition basis:

Program	Degree Title (B.S., M.A., Ph.D., etc.)
Institution	Location (City and State)

I have been accepted by the university to enroll in this program beginning **Spring** ____ **Summer** ____ **Fall** ____ (Year) ____
I respectfully request certification as a legal resident of the State of Mississippi and hereby submit evidence of two or more of the following in support of this fact. (Photocopies are acceptable.)

Note: Official Mississippi Driver's License is required. All residency documents must be at least one year old.

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| 1. A valid Mississippi driver's license *required* | 5. Proof of homeownership in the state |
| 2. Voter registration in the state | 6. Two letters, including names, addresses, and telephone numbers of two non-relatives who can verify the current home address |
| 3. Full-time employment with the state | 7. Other evidence |
| 4. Motor vehicle registration in the state | |

Anticipated date (month/year) for completion of program of study _____

I understand that this evidence will be used in reviewing the assertion that I am a legal resident of the state and will not necessarily result in a positive finding.

Signature _____ **Date** _____

This certification remains valid through graduation. Students may become ineligible if they are not enrolled continuously, change degree programs, or are no longer a Mississippi resident. Students cannot be recertified for participation in the Academic Common Market for the degree program listed above if a similar degree program is implemented at a Mississippi Institution during the period they are not enrolled. NOTE: Additional eligibility requirements from the host college or university may apply to the degree program. It is the student's responsibility to communicate directly with the institution's Academic Common Market Institutional Coordinator for specific details.

Please return this application by mail or email to:
Board of Trustees of State Institutions of Higher Learning
Office of Academic and Student Affairs
ATTN: Sandra Kelly
3825 Ridgewood Road
Jackson, Mississippi 39211-6453
sandra.kelly@mississippi.edu

OFFICE USE ONLY

The applicant named above is hereby certified as a legal resident of the State of Mississippi. 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 _____