

MISSISSIPPI INSTITUTIONS OF HIGHER LEARNING
OFFICE OF ACADEMIC AFFAIRS
3825 RIDGEWOOD ROAD ♦ JACKSON, MISSISSIPPI 39211-6453
601-432-6501

Dear Student:

Enclosed is an application for the Academic Common Market Program. Please complete the application and submit the following required documents:

1. You may provide photocopies of any *two* of the following documents to establish proof of your **current Mississippi residency**:
 - Home ownership in Mississippi
 - Mississippi voter registration card
 - Current valid state driver's license
 - Mississippi motor vehicle registration
 - Letters from two non-relatives verifying your current Mississippi address
 - Current full-time employment within the state
2. **An official letter of acceptance** from the school or department from the institution that you plan to attend. It must show the date of admission to the program and your entering classification.
3. A description of your curriculum or course of study that includes *the degree title and the program course descriptions*. You may copy this information from the catalog from the institution that you plan to attend.
4. Please return the application and the above information no later than three weeks prior to the school's registration date. This will allow us time to process your application in a timely manner.

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

If you have any questions, please contact Ms. Pearl Pennington at (601) 432-6501.

Sincerely,

Pearl S. Pennington
Academic Common Market
State Coordinator

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

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

Present School Address _____ Phone _____
Street or P.O. Box/City/State/Zip

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

Phone _____

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., etc.) |
| at _____ | _____ |
| Institution | Location (City and State) |

Having been accepted by the institution to enroll in this program beginning Summer ____, Fall ____, Winter ____, Spring ____, (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.)

- | | |
|--|---|
| 1. Home Ownership with the state 2. Full-time employment with the state 3. Voter registration in the state 4. Motor vehicle registration in the state | 5. A current valid state driver's license 6. Names, addresses, and telephone numbers of two non-relatives who can verify current home address 7. Other evidence |
|--|---|

Anticipated date for completion of program of study _____
Month/Year

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 SECTION FOR OFFICE USE ONLY
CERTIFICATION

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 _____

Please return this application to:
**Board of Trustees of State Institutions of Higher Learning
Academic Affairs
ATTN: Pearl S. Pennington
3825 Ridgewood Road
Jackson, Mississippi 39211-6453**