

**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 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 \_\_\_\_\_ Phone \_\_\_\_\_  
Street or P.O. Box/City/State/Zip Current

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

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**