

Oklahoma State Regents for Higher Education
Academic Common Market Program
APPLICATION AND RESIDENCY CERTIFICATION FORM

Name: _____

Social Security No _____

Permanent Address: _____

Place of birth: _____

Date of birth: _____

Current Address: _____

Telephone no. _____

Email: _____

Name, address of the university you plan to attend:

Name of degree program in which you plan to enroll:

Academic term and year you plan to attend: Term _____ Year _____

Do you meet Oklahoma residency requirements? Yes _____ No _____

(Note: A resident of Oklahoma is one who has lived continuously in Oklahoma for at least 12 months duration and whose domicile is in Oklahoma. An individual's domicile is his or her true, fixed, permanent home or habitation. It is the place where he or she intends to remain and to which he or she expects to return. A person can have more than one residence, but only one domicile. Domicile has two components - residence and the intention to remain. When these two occur, there is domicile.)

Name/location of high school from which you graduated _____ Year _____

Name/location of universities/colleges previously attended _____

Degree(s) earned _____

I hereby certify that the statements made herein are correct and may be verified by personal records or records of the institution(s) I have attended. Officials of said institution(s) are hereby authorized to make such records available to authorized representatives of the applicable institution/agency for their program.

Signature of student _____ Date _____

YOU MUST INCLUDE A CATALOG DESCRIPTION OF THE DEGREE PROGRAM REQUIREMENTS, INCLUDING DESCRIPTIONS OF REQUIRED COURSES.

For further information call (405) 225-9261, fax (405) 225-9230, or email: ajackson@osrhe.edu. Completed application forms should be returned to the following address:

Ms. Angel Jackson, Administrator of the Academic Common Market
Oklahoma State Regents for Higher Education
P.O. Box 108850, Oklahoma City, Oklahoma 73101-8850