

COMMUNITY COLLEGE OF RHODE ISLAND

Eligibility for In-State Tuition and Fees Based Upon Rhode Island High School Attendance

Affidavit

(To be completed by student, signed in the presence of a Notary Public, and submitted to the Office of Enrollment Services – Knight Campus, Warwick)

I, the undersigned under oath, depose and say as follows:

- (a) That I have personal knowledge of the facts stated herein, which are all true and correct; and
(b) That I currently live in the state of Rhode Island and have attached documents that demonstrate my residence, which include several forms of proof such as a rental agreement, property tax bill, car registration, utility bill, an official piece of mail, or an ID card that lists my address;
(c) That I have lived in Rhode Island for three (3) or more years, have attended an approved high school in the state of Rhode Island for three (3) or more years, and I hold an official high school diploma (or will hold at the time of my enrollment) OR that I have lived in Rhode Island for three (3) or more years and have earned a GED (senior high school equivalency diploma from the state of Rhode Island), or will have earned one by the time of my enrollment. I have submitted my official high school transcript or GED equivalency transcript as proof;
(d) That I have filed an application for lawful United States of America immigration status, evidence of which I have attached hereto and incorporated herein, OR that I will file an application for lawful immigration status as soon as I become eligible to do so. I understand that my failure to file an application for lawful immigration status as soon as I become eligible to do so will result in a forfeiture of in-state tuition rates for me in the future; and
(e) That I do not, and if I am unemancipated my parent(s) does not, hold a temporary immigration classification or other immigration status within the definition of "non-immigrant alien" as described in U.S.C §1101(a)(15). (Please see Guidance for Students and Families for further information on this clause.)

Name (please print your name)

Signature Date

CCRI Student Identification # Student Date of Birth

This Affidavit has been subscribed and sworn to before me on this ___ day of ___, 20___

Notary Public of the State of Rhode Island

My Commission Expires: _____