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) 225-9266, fax (405) 225-9230, or email: jwood@osrhe.edu. Completed application forms should be returned to the following address:

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