

### RESIDENCY APPEAL FORM

**Name:** \_\_\_\_\_ **AAMC #** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ❖ How long have you continuously resided in New Mexico? Years \_\_\_\_ Months \_\_\_\_
- ❖ If less than one year, provide the dates of continuous physical presence in New Mexico: \_\_\_\_\_
- ❖ Please check all that apply:
  - Born in New Mexico – Location: \_\_\_\_\_
  - Graduate of a New Mexico High School – \_\_\_\_\_
    - ❖ Attended the above school for at least one year?  Yes  No
  - Spouse/Legal Guardian currently resides in New Mexico (**Dependents ONLY**)
  - Military – Stationed in New Mexico – Location: \_\_\_\_\_
  - Other: \_\_\_\_\_

In 150 words or less, please give a detailed explanation for this appeal:

Disclaimer: I hereby certify that the information submitted in support of this appeal is true and accurate to the best of my knowledge and the submission of an appeal does not guarantee further consideration to continue the application process. I am also aware that documentation may be required to verify the above information.

Please note: This residency appeal form must be completed and submitted directly to the School of Medicine Office of Admissions at the following location:

University of New Mexico  
 School of Medicine – Office of Admissions  
 MSC09 5085  
 HSLIC Room 125  
 1 University of New Mexico  
 Albuquerque, NM 87131

***Electronic submissions will not be accepted.***

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

*For Official Use Only*

Appeal Reviewed: \_\_\_\_\_  Appeal Denied  Appeal Granted