



### RESIDENCY APPEAL FORM

Name: \_\_\_\_\_ AAMC # \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date: \_\_\_\_\_

❖ How long have you continuously resided in New Mexico? Years \_\_\_\_ Months \_\_\_\_

❖ 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 may be submitted to the School of Medicine Office of Admissions by email, fax or by mailing to at the following location:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For Official Use Only*

Appeal Reviewed: \_\_\_\_\_

Appeal Granted

Appeal Denied