



RESIDENCY APPEAL FORM – Must be submitted by October 1st

Name: _____

Phone: _____

Address: _____

Date: _____

City, State, Zip: _____

Email: _____

- How long have you continuously lived in New Mexico? Years _____ Months _____
If less than one year, provide the dates of continuous physical presence in New Mexico:
From: _____ To: _____

- Please check all that apply:

_____ Born in New Mexico – Location _____

_____ Graduate of New Mexico High School _____

Did you attend the above school for at least one year? _____ Yes _____ No

_____ Spouse/Legal Guardian resides in New Mexico – Location _____

_____ Born in New Mexico – Location _____

_____ Other: _____

- In 150 words or less, please give a detailed justification for this appeal:
(Attach page if additional room is needed)

Scan and email **Residency Appeal form** and **supporting documentation** to the Occupational Therapy Graduate Program at HSC-OccupationalTherapy@salud.unm.edu.

Signature _____

Date _____

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 additional documentation may be required to verify the above information.

Official Use Only

Waiver Request Reviewed (Initial and date): _____

_____ Request Denied _____ Request Granted

Comments: