



**Residency Appeals Process
Form B**

Student Name	
Student ID Number or SSN	
Address	
Phone	E-Mail
First Date Enrolled at Marshall	

I affirm that the information and all attached documentation are true and honest statements. Further, I understand that action may be brought against me by the university under the Code of Conduct for providing false or misleading information, statements and/or records.

Signature_____

Date_____

Use this form and additional space if needed to provide a written statement to the Appeals Committee which would clarify and support your appeal for in-state residency. Make your comments concise and specific to your residency appeal. Please attach documentation from the original decision and any additional documentation that was not presented in your original request for in-state residency. See your Marshall Catalog for a detailed description of the appeals process.

Statement

Please list dates and times that you are available to attend the Residency Hearing:

Please return form to: residencyappeals@marshall.edu