

Affidavit and Request for Exemption from Nonresident Tuition and Fees

In April 2013, Governor John Kitzhaber signed HB 2787 (otherwise known as Tuition Equity) into law, directing the State Board of Higher Education to allow students who are not citizens or lawful permanent residents of the United States to pay resident tuition and fees for enrollment in an Oregon public university under certain conditions. This form is used to determine if a student meets the eligibility requirements.

Affidavits must be submitted to the Office of the Registrar by the first day of the term in which the Tuition Equity benefit is sought. Tuition adjustments will not be granted retroactively for previous terms.

First Name:	Last Name:	
PSU ID #:	_	
Mailing Address:		
City:	State:	
Zip Code:		
Email Address:	Phone Number:	
Alternate Phone Number:		

Complete the appropriate section(s) below, checking all boxes that apply and providing the information requested. In order to qualify, you must meet minimum eligibility in each section.

Section 1

During each of the three years immediately prior to receiving a high school diploma or leaving school before receiving a school diploma, I attended an elementary school or secondary/high school in Oregon.

Schools Attended and Dates of Attendance (High School)

School Name	City, State	Dates Attended (from mm/yyyy to mm/yyyy)

Section 2

During each of the five years immediately prior to receiving a high school diploma, or leaving school before receiving a high school diploma, I attended an elementary school or secondary/high school in a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

Schools Attended and Dates of Attendance (Middle School and High School)

School Name	City, State	Dates Attended (from mm/yyyy to mm/yyyy)

Section 3

___ I received a high school diploma from a secondary/high school in Oregon OR earned a GED.

School Name	City, State	Graduation Date (mm/yyyy)

Institution Awarding GED	City, State	GED Date (mm/yyyy)

Section 4

_ I intend to become a citizen of the United States as permitted under federal law.

I certify that the above information is true and complete.

Signature (must be printed and signed): _____ Date: _____

When completed, return this form and any attachments to:

Mail: Portland State University Office of the Registrar PO Box 751 Portland OR 97207-0751

Fax: (503) 725-5525 Attn: Residency Officer

Email: askres@pdx.edu