Petition to Claim Minnesota Residency
Hibbing Community College
Student Services Offices
1515 East 25th Street
Hibbing, MN 55746
1-800-224-4422 or 218-262-7200
Fax: 218-262-6717

“Students may establish eligibility for in-state tuition by demonstrating domicile in Minnesota before the beginning of the semester. Students have the burden of proving domicile for purposes of in-state tuition.” MNSCU board policy 2.2 State Residency Requirements.

Date: ______________________________

Name: _____________________________________ Student ID# or Star ID: ____________________

Please check all the criteria that apply to your situation and provide the appropriate documentation to the Dean of Students:

☐ Residency in Minnesota one year prior to enrollment. (Residency must not be merely for the purpose of attending a college or university.)

Each of the following additional facts and circumstances will be considered when responding to your request for in-state tuition. No one of these factors alone is either necessary or sufficient to claim in-state tuition.

☐ Continuous presence in Minnesota during period when not enrolled as a student.
☐ Sources for financial aid are generated within Minnesota
☐ Domicile in Minnesota of family, guardian, or other relatives or persons legally responsible for student.
☐ Ownership of a home in Minnesota
☐ Permanent residence in Minnesota

The following circumstances, standing alone shall not constitute sufficient evidence of domicile to affect eligibility for in-state tuition under these regulations but may be considered as a part of the demonstration of the facts and circumstances above.

☐ Voting or registration of voting
☐ The lease of living quarters (rent receipts)
☐ A statement of intention to acquire a domicile in Minnesota
☐ Domicile of a spouse in Minnesota
☐ Automobile registration
☐ Other public records, e.g. birth and marriage records

***Please return form to Admissions Office***

☐ Granted ☐ Denied

---Office Use Only---

Dean of Students Signature______________________________________       Date ____________________

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