



State of Louisiana
ACADEMIC COMMON MARKET
Application and Certification of Residency

Please print

Name of higher education institution

Name of major

Degree (B.S., M.S., Ph.D., etc.)

Entering Term (Fall 20XX)

Is this an online degree? (circle one)

YES

NO

I. BIOGRAPHICAL INFORMATION

Name

Social Security #

(last four digits only)

XXX-XX-

Date of Birth

Permanent Louisiana Address

City/Town

State

Zip Code

Phone (_____) _____

How long have you lived at this address? _____

Email address _____

(Only electronic copies of the certification will be issued – if you do not specify an email address, a hard copy will be mailed to your permanent Louisiana address noted above)

II. SUPPORTING DOCUMENTATION

This application **MUST** be accompanied by the items listed below:

REQUIRED DOCUMENTATION	Check if Enclosed
A letter of unconditional acceptance from the university (a photocopy is acceptable) stating: a) That you have officially been accepted into the university b) The specific name of your major (matching the name of the major you indicated on page 1 of this application). Students with <i>conditional, probational, provisional, or non-degree seeking status</i> are not eligible for Academic Common Market participation.	
A photocopy of the student's Louisiana driver's license or identification card.	
A photocopy of the most recent federal tax return form indicating Louisiana domicile. As the applicant, if you are a dependent of your parents/legal guardian/spouse, then that person's supporting documentation showing Louisiana domicile should be submitted. If you are an independent student, then supporting documentation showing a Louisiana domicile should be in your name.	
A photocopy of a motor vehicle registration, utility bill, or voter registration card.	

The Board of Regents reserves the right to ask for additional documentation.

PLEASE SIGN BELOW AND HAVE THIS APPLICATION NOTARIZED BEFORE RETURNING IT TO THIS OFFICE.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND UNDERSTAND THAT THE INFORMATION WILL BE USED IN REVIEWING MY ELIGIBILITY AS A LEGAL RESIDENT OF THE STATE OF LOUISIANA. I FURTHER UNDERSTAND THAT THE COMPLETION OF THIS FORM DOES NOT GUARANTEE CERTIFICATION.

 SIGNATURE OF APPLICANT (Student Only)

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, 20_____.

 NOTARY PUBLIC (please be sure to affix seal to this document)

My Commission expires _____

PLEASE DO NOT FAX. THE ORIGINAL APPLICATION AND DOCUMENTATION MUST BE MAILED TO:

Mrs. LeAnn Detillier
 Louisiana Board of Regents
 Planning, Research and Academic Affairs – Suite 6-200
 P.O. Box 3677
 Baton Rouge, LA 70821-3677

NOTE: Should you change your major, it will be necessary to re-apply for ACM Certification by completing a new Application.