

**MURRAY STATE UNIVERSITY**  
**REQUEST FOR APPEAL OF RESIDENCY STATUS DETERMINATION**

**PURPOSE:** Students who wish to appeal Residency Affidavit denial may submit an appeal request to the Residency Review Committee. This request must be submitted to the Office of the Registrar within fourteen (14) calendar days of the student's receipt of notification of denial. Upon receipt of this form (and any additional supporting documents the student wishes to submit), the Office of the Registrar will provide to the Committee a copy of the student's residency file. The Residency Review Committee is a non-adversarial group which welcomes personal appearances by Appellants where the personal appearance might serve to clarify circumstances of the appeal. All decisions of the Committee are communicated to the Appellant by official written correspondence from the Committee Chair. The Residency Review Committee will make a determination of student residency status and notify the student in writing within forty-five (45) calendar days after receipt of the student appeal.

**NAME:** \_\_\_\_\_ **M#:** \_\_\_\_\_

**ADDRESS:** (Street) \_\_\_\_\_

(City, State & Zip Code) \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Would you like to be present at the hearing?** YES \_\_\_\_\_ NO \_\_\_\_\_

**STATE YOUR APPEAL** (use additional paper if necessary):

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**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MAIL OR FAX TO:** Office of the Registrar Fax: 270/809-3777  
Murray State University  
113 Sparks Hall  
Murray, KY 42071

**DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)**

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**HEARING DATE:** \_\_\_\_\_ **DID STUDENT ATTEND HEARING:** YES \_\_\_\_\_ NO \_\_\_\_\_

**COMMITTEE DECISION:** APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_