

RESIDENCY APPEAL FORM**Name:****Phone:****Address:****Date:****City, State, Zip:****Email:**

How long have you continuously lived in New Mexico? Years ____ Months ____

If less than one year, provide the dates of continuous physical presence in NM: _____

Please check all that apply:

- Born in New Mexico – Location: _____
- Graduate of New Mexico High School - _____
 - Attended the above for at least one year? ___ Yes ___ No
- Spouse/Legal Guardian resides in New Mexico – Location: _____
- Military – Stationed in New Mexico – Location: _____
- Other: _____

In 150 words or less, please give a detailed explanation for this appeal:

Disclaimer: I hereby certify that the information submitted in support of this appeal is true and accurate to the best of my knowledge and the submission of an appeal does not guarantee further consideration to continue the application process. I am also aware that further documentation may be required to verify the above information.

Please note: This appeal form must be completed and submitted directly to the Occupational Therapy Graduate Program Office or scanned to hsanders@salud.unm.edu.

Signature _____

Date _____

Official Use Only

Appeal Reviewed: _____ Appeal Denied _____

Appeal Granted _____