

MSU Denver Office of Admissions Student Success Building | Counter #1 Campus Box 16 PO Box 173362 Fax Number: 720-778-5794 Phone Number: 303-556-3058

msudenver.edu/admissions | residency@msudenver.edu

Emancipation Determination Form

This form will be used to determine if a student under the age of 23 has been financially independent for **12 months preceding** the start of classes and <u>must accompany the Petition for In-State Tuition</u>. Determination of emancipation requires complete financial disclosure.

| Student's Name: | | Student ID Number: | |
|--|--|---|--|
| What semester are you applying for Emancipal | | n? □ Fall □ Spring □ Summer 20 | |
| complete, and the change, affecting days of such cha | at all the documents, attached he my tuition status, I agree to notinge. I understand that I am finance | s emancipation determination are accurate and reto, are true and unaltered. If my circumstances fy the Office of Admissions in writing within 15 cially and academically responsible for all classes s of the outcome of this petition process. | |
| Signature of Student | | Date | |
| DIRECTIONS: | COMPLETE A <u>OR</u> B. COMPLETE PAGE TWO. PROVIDE EVIDENCE OF EI | MANCIPATION (see Petition for options). | |
| A. Student De | eclaration of Emancipation | | |
| | | being of legal age affirm to have no contact with my | |
| - | br | ief explanation | |
| Signa | ture of Student | | |
| Each living | ing Emancipation and have it notarized | udent has contact with must complete the Statement for l. | |

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1. List all financial support provided to you by your parents/legal guardian during the past 12 months: month / year month / year 2. Last year you were claimed on your parents/legal guardian Federal Tax return? Parent/legal guardian home address: ____ street city state zip **4.** Dates you resided at your parent/legal guardian's address in the past 2 years: **5.** List financial accounts you have owned in the past 12 months: (savings, checking, brokerage) type of account source of funds month/year active institution institution type of account source of funds month/year active institution type of account source of funds month/year active **6.** List all expenses for the past 12 months: (estimate for months not yet completed) **MONTH & YEAR TUITION & FEES LIVING COSTS RENT/MORTGAGE TOTALS:**

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Statement for Minor Claiming Emancipation

| parent or legal guardian | | i nave entirely surrendered |
|---|---------------------------------|------------------------------|
| the right to care and custody of | student | as of |
| | inor was claimed by me (us) | as a state or federal income |
| exemption was The | named above will not be clai | med in this or subsequent |
| years. The only financial support I have p | rovided to this minor since er | mancipation has been |
| brief explanation of assistance, if any | | |
| I certify that the emancipation referred to | herein is an absolute financia | al emancipation for all |
| purposes whatsoever and was not done | for the purpose of tuition clas | sification. |
| | Signature of Parent/Legal C | presence of a notary public |
| | Signature of Parent/Legal (| Guardian Date |
| oscribed and affirmed before me in the Cou | unty of | , State of, |
| | | |
| day of, 2 | 0 by (affiant) | |
| Proved to me on the basis of satisfactor | | |
| Proved to me on the basis of satisfactor | ry evidence to be the person(| |

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