



**If you are under the age of 23, please answer the following question.** Were you claimed as a dependent on your parents'/guardians' federal income tax return during the past year? YES NO

If you answered YES, please answer both Student and Parent questions below.

If you answered NO, please answer the Student questions below.

***Income Tax***

List the state and the years in which each person filled a state income tax return. Write "none" if the person has never filed a state income tax return.

Student: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_  
Spouse: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_  
Parent: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

***Driver's License***

List the state in which each person is licensed to operate a motor vehicle. Write "none" if the person does not have a license.

Student: \_\_\_\_\_ State: \_\_\_\_\_  
Spouse: \_\_\_\_\_ State: \_\_\_\_\_  
Parent: \_\_\_\_\_ State: \_\_\_\_\_

***Motor Vehicle Registration***

For each person that owns a motor vehicle, list the state in which the vehicle is registered. Write "none" if the person does not own a vehicle.

Student: \_\_\_\_\_ State: \_\_\_\_\_  
Spouse: \_\_\_\_\_ State: \_\_\_\_\_  
Parent: \_\_\_\_\_ State: \_\_\_\_\_

***Voter Registration***

For each person who is registered to vote, list the state in which the person is registered. Write "none" if the person is not registered.

Student: \_\_\_\_\_ State: \_\_\_\_\_  
Spouse: \_\_\_\_\_ State: \_\_\_\_\_  
Parent: \_\_\_\_\_ State: \_\_\_\_\_

**Student Certification**

I understand that I am responsible for meeting the following requirements if I am selected to participate in the New Mexico-Colorado Tuition Reciprocity Agreement.

- To inform the Enrollment Services Office of my desire to participate in the program by completing this form,
- Maintain a good academic standing to keep agreement
- To inform the Enrollment Services Office of any change of address or other change that might affect my eligibility to participate in the tuition reciprocity agreement in subsequent terms.

I certify that the information on this form is complete and accurate. I agree to provide additional documentation as required to substantiate my application.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date