

# MISSISSIPPI INSTITUTIONS OF HIGHER LEARNING

OFFICE OF ACADEMIC AND STUDENT AFFAIRS  
3825 RIDGEWOOD ROAD □ JACKSON, MISSISSIPPI 39211-6453  
601-432-6501

Dear Student:

Enclosed is an application for the Academic Common Market Program. Please complete the application and submit the following required documents:

1. You may provide photocopies of any *two* of the following documents to establish proof of your **current Mississippi residency**:
  - Current valid state driver's license or state issued identification (Required)
  - Home ownership in Mississippi
  - Mississippi voter registration card
  - Mississippi motor vehicle registration
  - Letters from two non-relatives verifying your current Mississippi address
  - Current full-time employment within the state
2. **An official letter of acceptance** from the school or department from the institution that you plan to attend. Letters must indicate unconditional acceptance affirming:  
official acceptance into the university and,  
full acceptance into specified degree program  
date of admission to the program  
entering classification
3. A description of your curriculum or course of study that includes ***the degree title and the program course descriptions***. You may copy this information from the catalog from the institution that you plan to attend.
4. Please return the application and the above information at least four weeks prior to the school's registration date. This will allow us time to process your application in a timely manner.

Upon receipt of your completed application and the valid required documents, your eligibility as a Mississippi resident will be determined.

If you have any questions, please contact Ms. Gloria Miller at (601) 432-6422 or 601-432-6501.

Sincerely,

Gloria J. Miller  
Mississippi State Coordinator  
Academic Common Market

**NOTE:** *If your application is approved and you are classified as a legal resident of the State of Mississippi for purposes of the Academic Common Market (ACM) you will be granted a waiver of out-of-state tuition for the specific degree program requested with the effective date noted. This certification is valid until you graduate, however, you must remain in good academic standing in your approved program of study, be continuously enrolled full-time, and you may not change majors. **Additional eligibility requirements from the host college or university may be applicable for your degree program. It is your responsibility to communicate directly with the institution's ACM Institutional Coordinator for specific details.***

**THE ACADEMIC COMMON MARKET APPLICATION FOR CERTIFICATION**  
**STATE OF MISSISSIPPI**  
**(Please Write or Print Legibly)**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle (Maiden)

Home Address in Mississippi \_\_\_\_\_  
Street or P.O. Box/City/State/Zip

Present School Address (Only If different from above) \_\_\_\_\_ one \_\_\_\_\_  
Street or P.O. Box/City/State/Zip

Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Email Address \_\_\_\_\_

How many years have you resided in Mississippi? \_\_\_\_\_ From (year) \_\_\_\_\_ to (year) \_\_\_\_\_

Under the terms of the Memorandum of Agreement for the Academic Common Market, I understand that the State of Mississippi has made arrangements for its residents accepted for admission in the following program to enroll on an in-state tuition basis:

Program	Degree Title (B.S. M.A. PhD, etc.)
at _____ Institution	Location (City and State)

Having been accepted by the institution to enroll in this program beginning: **Summer** \_\_\_\_, **Fall** \_\_\_\_, **Winter** \_\_\_\_, **Spring** \_\_\_\_, **(Year)** \_\_\_\_, I respectfully request certification as a legal resident of the State of Mississippi and hereby submit evidence of two or more of the following in support of this fact. (Photocopies are acceptable.) **Note: Photo Identification is required.**

- |   |  |
|---|--|
| 1. A valid driver's licenses or official picture ID | 5. Proof of home ownership in the state  |
| 2. Full-time employment in the state                | 6. Two letters, including names, addresses, and telephone numbers from non-relatives who can verify current home address |
| 3. Voter registration in the state                  | 7. Other evidence  |
| 4. Motor vehicle registration in the state          |  |

Anticipated date for completion of program of study \_\_\_\_\_  
Month/Year

I understand that this evidence will be used in reviewing the assertion that I am a legal resident of the state and will not necessarily result in a positive finding.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*This certification remains valid until you graduate, unless you are not enrolled continuously, change degree program, or are no longer a Mississippi resident. You cannot be recertified for participation in the Academic Common Market for the degree program listed above if a similar degree program is implemented at a Mississippi institution during the period you are not enrolled.*

**NOTE: Additional eligibility requirements from the host college or university may be applicable for your degree program. It is your responsibility to communicate directly with the institution's ACM Institutional Coordinator for specific details.**

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**THIS SECTION FOR OFFICE USE ONLY**

**CERTIFICATION**

**The applicant named above is hereby certified as a legal resident of the State of Mississippi. As such he/she is entitled to a waiver of out-of-state tuition in the program stated above, assuming acceptance for admission by the institution.**

Certifying Official \_\_\_\_\_ Date \_\_\_\_\_

Please return this application to:

**Board of Trustees of State Institutions of Higher Learning**  
**Office of Academic and Student Affairs**  
**ATTN: Gloria J. Miller**  
**3825 Ridgewood Road**  
**Jackson, Mississippi 39211-6453**