



### Certificate of Resident Status

This form must be completed and submitted by all accepted MD students who have indicated they are residents of the state of Pennsylvania and as such are eligible for in-state tuition for the MD program at Geisinger Commonwealth School of Medicine.

A student shall be classified as a Pennsylvania resident for tuition purposes if that student has a Pennsylvania domicile and the student's presence in Pennsylvania is not primarily for educational purposes. Any student found to have made a false or misleading statement concerning domicile may result in dismissal from Geisinger Commonwealth School of Medicine.

#### Personal Information

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Permanent legal address \_\_\_\_\_  
(Street, city, state, and zip code)

High school attended and graduation date:

Name of school	Date	City/State	
Do you have a current PA driver's license?	Yes	<input type="checkbox"/>	No* <input type="checkbox"/>
Are you registered to vote in PA?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If employed, are you paying Pa taxes?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Do you own an automobile?		<input type="checkbox"/>	Yes <input type="checkbox"/> No

If you answered yes, name the state of registration: \_\_\_\_\_

**\*If you answered no to any of the above questions, additional documentation may be required.**

Please return this form by March 1, 2023 to: [financialaid@geisinger.edu](mailto:financialaid@geisinger.edu).