



### 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 or New Jersey 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/New Jersey resident for tuition purposes if that student has a Pennsylvania/New Jersey domicile and the student's presence in Pennsylvania/New Jersey 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 or New Jersey driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
Are you registered to vote in PA or New Jersey?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If employed, are you paying Pa or New Jersey taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 15, 2020 to: [financialaid@som.geisinger.edu](mailto:financialaid@som.geisinger.edu) .