



## **Reciprocity Application**

**Application Deadline:** Please submit this application and supporting documentation to the Office of the Student Affairs Office **7 days prior to the first day of classes.**

In order to help process your application, we will need copies of the following documents to accompany your application:

- Driver's License or State ID
- Proof of Mississippi Residency in one of the following counties: Amite, Pike, Walthall, Marion, Pearl River, Hancock.

### **NOTE**

**Please make and keep a copy of this application for your records.**

You can hand deliver your application to the Student Affairs Office on campus. If you would like to mail the application, please mail completed application and copies of all requested documents to:

Northshore Technical Community College  
Attn: Christy Montgomery  
1710 Sullivan Drive  
Bogalusa, LA 70427  
985-732-6640



## Reciprocity Application

### Requirements

Under the Reciprocity Policy, in order to qualify for reduced nonresident fee, an applicant must demonstrate that he/she resides in the State of Mississippi in one of the following counties: Amite, Pike, Walthall, Marion, Pearl River, or Hancock. *To qualify for reciprocity, a person must have established legal residence (domicile) in the counties previously mentioned and maintained that legal residence for at least 12 months immediately prior to his/her classification as a reciprocity recipient for tuition purposes.*

### DIRECTIONS

1. Respond to all questions within the part(s) of the application that you are to complete. If any question is not applicable to your situation, write “*Not Applicable*” or “*N/A*”.
2. Print or type all responses. If necessary, write “see attached” in the space provided, and use separate additional sheets, numbering your responses the same as the corresponding question, and stapling or taping these sheets to this application form.
3. Be completely accurate to the best of your knowledge and understanding. Knowingly falsifying your responses may subject you to disciplinary action including dismissal from the institution. When “date” is requested, give day, month, and year.
4. Sign and date this application where indicated to make those acknowledgments and certifications necessary to render this a viable application. **Application Deadline –**

**7 days prior to the first day of classes.**

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1. Student applicant’s full name (Miss, Mr., Mrs., Ms.)  
\_\_\_\_\_
  2. LoLA Number \_\_\_\_\_
  3. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_
  4. Do you claim to be a legal resident of the State of Mississippi?  
(Yes) \_\_\_\_ (No) \_\_\_\_ If so from what date? \_\_\_\_\_
- Note:** If your response to question 4 is “No” you need not complete the rest of this form unless subsequently instructed to do so; sign and date the portion completed at the place indicated.
5. Address while attending NTCC (current, not past):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_
  6. Permanent home address: \_\_\_\_\_  
Since (date) \_\_\_\_\_ Telephone: \_\_\_\_\_
  7. Are you currently enrolled in this institution? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Are you applying for admission? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

8. Do you live with your parents as a dependent? (Yes) \_\_\_\_ (No) \_\_\_\_

**Note:** If your response to question 8 is "No" you may skip question 9.

9. Head of Household's Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Permanent home address \_\_\_\_\_  
Duration of MS residency in qualifying reciprocity county \_\_\_\_\_

10. Please check one item in both category one and category two that you will include you're your application for Student affairs to determine Reciprocity Eligibility.

Category One: (Driver's License) \_\_\_\_\_ (MS State ID) \_\_\_\_\_

Category Two: (Utility Bill) \_\_\_\_\_ (Property Taxes) \_\_\_\_\_ (Lease Agreement or letter from Landlord) \_\_\_\_\_

10. Please initial in the space provided by the following statements.

\_\_\_\_ I hereby certify that all information I have set forth herein is true, to the best of my knowledge, pursuant to my reasonable inquiry where needed.

\_\_\_\_ I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian (if applicant is under 17 years of age)

\_\_\_\_\_  
Date