VERIFICATION OF EMPLOYMENT

According to the rules and regulations set forth by the State of New Mexico for establishing residency for tuition purposes (Commission on Higher Education rule 910, 10/13/95), spouses and dependents of persons who have moved to or who now live in New Mexico and who provide appropriate evidence that they work in a permanent full-time position shall not be required to complete the 12-month durational requirement for residency. **However, all other requirements must be satisfied.**

Employee's Name:					
Social Security No.:					
Student's Name:					
Social Security No.:					
Relationship to Employ	yee:				
Company Name:					
Address:					
Date of Hire:					
Employment Status:	Permanent Temporary				☐ Yes ☐ No ☐ Yes ☐ No
				_	
Supervisor's Name				Supervisor's Titl	e
Signature of Supervisor				Phone	 Date
	will be verified ffect your resio		_	of the term. Any cha	anges in employment, as stated
Student's Signature				 Date	