Students Seeking residency for fee-paying purposes will need to submit a completed Application, as well as photocopies of the following documentation. Please Note - If one or more pieces of documentation cannot be provided, students should provide a detailed explanation on page 4, within the Personal Statement section, or attach a separate statement.

*Students Under 21:
- a copy of the purchase agreement, rental lease, or mortgage statement for your parents’ current residence (If not available, please provide a notarized statement from the property owner indicating the time period you have resided at your current residence, along with the physical address)
- a copy of both of your parents’ driver’s licenses (or state ID card), vehicle and voter registrations
- state income tax returns for the most recent tax year for your parents (all states)
- current Utility bill for your parents primary residence

*Please note: if student is under 21 and parents are divorced, all documentation listed will need to be for the biological parent that is an Indiana resident, as well as a copy of the divorce decree.

Students Over 21:
- all items listed above, however for yourself.
- for graduate students transitioning directly from undergraduate to graduate studies, please be sure to include 6-8 years of physical residence within your application, instead of the 3 years requested

Non-Citizens:
- all items listed above for correct age category
- Copy of current VISA

Active Duty Military:
In lieu of above materials, please submit the following:
- A copy of your most recent LES
- A copy of of your most recent state income tax return

Phone: 812.855.2464
Email: res@iu.edu
Application for Classification as a Resident Student for Fee-paying Purposes can be found here:
http://studentcentral.indiana.edu/doc/registrar/residence-class-form.pdf
APPLICATION FOR CLASSIFICATION AS A RESIDENT STUDENT AT INDIANA UNIVERSITY FOR FEE-PAYING PURPOSES

DIRECTIONS:
This application must be completed and signed by the student making the appeal rather than by the student’s parent or spouse.

This application is provided for those students who wish to appeal their current residence classification for fee-paying purposes at Indiana University. Students who have not applied for admission to the University should not complete this form; rather, please provide any relevant information supporting your claim to resident student status to the Office of Admissions on your campus.

The official Rules Determining Resident and Nonresident Student Status for Indiana University Fee Purposes attached to this application are for your reference. Please read and carefully consider each provision of these Rules prior to completing this application. If you have any questions, please contact the Registrar on your campus for clarification.

Please read and respond to each question on this form; applications with missing information will be returned to you. If a question is inapplicable to your situation, indicate this fact with the following notation: “N/A.” If you require additional space for your answers to any of the questions, please attach clearly marked pages to this application.

The Office of the Registrar may request additional materials required to substantiate the facts and statements provided in this application. Please be advised that a student or prospective student who shall knowingly provide false information or shall refuse to provide or shall conceal information for the purpose of improperly achieving resident student status shall be subject to the full range of penalties, including expulsion, provided for by the University, as well as to such other punishment which may be provided for by law.

SECTION I — IDENTIFYING DATA

TERM YOU WISH CLASSIFICATION TO BECOME EFFECTIVE: ______________________________________________________________ (term) , _____________ (year)

NAME ___________________________________________________________ UNIVERSITY I.D. NUMBER _________________________________________
(last) (first) (middle)

CURRENT ADDRESS _______________________________________________________________________________________________________________ __
(number) (street) (apt. number) CURRENT TELEPHONE _______________________ __
(city) (state) (zip code)

PERMANENT ADDRESS ______________________________________________________________________________________________________________
(number) (street) (apt. number)
(city) (state) (zip code) PERMANENT TELEPHONE _____________________ _

EMAIL ADDRESS ______________________________________________________________________ CELL PHONE NUMBER _________________________

DATE OF BIRTH _______________________________ PLACE OF BIRTH _______________________________ GENDER □ Female □ Male
(month) (day) (year) (city) (state) (country)

DATE YOU FIRST ENROLLED AT I.U. ___________________________________ ARE YOU CURRENTLY ENROLLED AT I.U.? □ Yes □ No
(month) (year)

HAVE YOU EVER ATTENDED ANOTHER I.U. CAMPUS? □ Yes □ No

CURRENT CLASS LEVEL: □ Undergraduate □ Master’s □ Doctoral □ Professional □ Non-Degree

ARE YOU A U.S. CITIZEN? □ Yes □ No IF NO, ARE YOU A U.S. PERMANENT RESIDENT? □ Yes* □ No

If not a U.S. citizen or permanent resident, indicate the type of non-immigrant visa you currently hold and the issue date.* ___________________________________

*Provide copy of “green card” or non-immigrant visa or other documentation.

FOR OFFICE USE ONLY–DO NOT WRITE IN THIS SPACE

Classification: □ R □ NR Effective Term ____________________________ Reason/Rule ____________________________

Signed ________________________________________________________________ Date ________________________________

Comments:

R521/0113
SECTION II — HISTORICAL RESIDENCE DATA

NAME OF PARENTS (Legal Guardian*) __________________________________________ TELEPHONE ________________________________

ADDRESS OF PARENTS (Legal Guardian*) _________________________________________

 getNode) (street) (apt. number)

(city) (state) (country) (zip code)

IS YOUR PARENTS'/GUARDIANS' RESIDENCE YOUR PERMANENT HOME?  □ Yes  □ No

If no, when did parents'/guardians' residence cease to be your home? ________________________ (month, year)

ARE YOU REGISTERED TO VOTE?  □ Yes  □ No  If yes, where? ____________________________ (city) (state)

WHEN DID YOU LAST VOTE? ______________________________ WHERE? ________________________________

(city) (state)

DO YOU HAVE A DRIVER’S LICENSE?  □ Yes  □ No  If yes, from which state? __________________________

DO YOU OWN OR USE A MOTOR VEHICLE?  □ Yes  □ No  If yes, from which state is the vehicle registered? __________________________

DO YOU OWN ANY REAL PROPERTY?  □ Yes  □ No  If yes, what type? ____________________________ (residence, farm, etc.)

LOCATION OF PROPERTY ______________________________

(city) (state/country)

WHEN DID YOU FIRST RESIDE IN INDIANA? ______________________________ (month) (day) (year)

IF YOU LEFT INDIANA FOR EMPLOYMENT OR SCHOOL, WHEN DID YOU RETURN ON A PERMANENT BASIS? ______________________________ (month) (day) (year)

LIST ALL ADDRESSES WHERE YOU HAVE RESIDED IN THE PAST FOUR YEARS.

<table>
<thead>
<tr>
<th>Dates (month/year)</th>
<th>From</th>
<th>To</th>
<th>Street</th>
<th>City</th>
<th>State</th>
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SECTION III — MARITAL DATA

WHAT IS YOUR MARITAL STATUS?  □ Single  □ Married

DATE OF MARRIAGE __________________________ PLACE OF MARRIAGE __________________________

(month) (day) (year) (city) (state)

NAME OF SPOUSE __________________________

(first) (middle) (last) (former name)

IS SPOUSE CURRENTLY ENROLLED AT I.U.?  □ Yes  □ No  PREVIOUSLY ENROLLED?  □ Yes  □ No  If yes, which campus? __________________________

IS SPOUSE’S UNIVERSITY IDENTIFICATION NUMBER __________________________

IS SPOUSE’S ENROLLED NAME, IF DIFFERENT THAN ABOVE __________________________

IS SPOUSE ENROLLED AT ANY OTHER INSTITUTION?  □ Yes  □ No  If yes, __________________________ (institution) (location)

IS SPOUSE CURRENTLY EMPLOYED?  □ Yes  □ No  If yes, is spouse employed in Indiana?  □ Yes  □ No

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<th>Beginning date (month/year)</th>
<th>Employer</th>
<th>City</th>
<th>State</th>
<th>Full- or Part-time</th>
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*Requires legal proof of guardianship.
SECTION IV — EDUCATION AND EMPLOYMENT DATA

WHAT IS YOUR PRESENT/FUTURE CAREER OBJECTIVE? ____________________________________________

LIST DATES OF ATTENDANCE, ADDRESSES, AND DEGREES RECEIVED (IF APPLICABLE) FROM ALL HIGH SCHOOLS, COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED:

<table>
<thead>
<tr>
<th>Dates (month/year)</th>
<th>Institution</th>
<th>City</th>
<th>State</th>
<th>Degree</th>
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DID YOU PAY RESIDENT FEES AT ANY OF THE COLLEGES OR UNIVERSITIES LISTED ABOVE? □ Yes □ No

If yes, at which institutions? ________________________________________________________________

LIST ALL DATES OF EMPLOYMENT (INCLUDING MILITARY SERVICE) AND EMPLOYERS’ ADDRESSES FOR THE LAST FOUR YEARS:

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<th>Dates (month/year)</th>
<th>Employer</th>
<th>City</th>
<th>State</th>
<th>Full- or Part-time (Hours per week)</th>
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SECTION V — FINANCIAL DATA

LIST SOURCES, DATES, AND AMOUNTS OF ALL MONIES (e.g., income from employment, parents, other relatives, student financial assistance, gifts, loans, trust funds, etc.) RECEIVED BY YOU AND/OR YOUR SPOUSE WITHIN THE PAST TWO YEARS. IN ADDITION, INDICATE THE RECIPIENT OF SUCH MONIES (SELF OR SPOUSE):

<table>
<thead>
<tr>
<th>Source</th>
<th>Dates (month/year) From</th>
<th>To</th>
<th>Amount</th>
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If you are under 21 and consider yourself financially emancipated,* give emancipation date ____________ and provide notarized statements from your parents indicating the level of financial support provided to you and the date when your parents last claimed you as a dependant on their federal income tax returns.

(OVER)

*Financial emancipation means you must provide evidence of sufficient income to be self-supporting beyond any funds received from family or primarily because you are in a student status, i.e., student loans, grants, etc.
SECTION VI — PERSONAL STATEMENT (Required)

This statement should detail your claim to resident student status.

Please provide the following information:
1. Any indication of your purpose for coming to Indiana and your reason(s) for remaining in the state.
2. Any unusual or special circumstances regarding your request for reclassification.
3. Any other relevant information not included in any of the above categories.

Please attach additional, clearly marked pages if the space provided is insufficient for your needs.

SECTION VII — CERTIFICATION (Unsigned applications will be returned.)

Upon request, I will provide additional materials required to substantiate all facts and statements contained in this application. I understand that a student or prospective student who shall knowingly provide false information or shall refuse to provide or shall conceal information for the purpose of improperly achieving resident student status shall be subject to the full range of penalties, including expulsion, provided for by the University, as well as to such other punishment which may be provided by law.

__________________________________________________ _________________________________________
(Student’s signature) (date)