



# APPLICATION FOR CLASSIFICATION AS A RESIDENT STUDENT AT INDIANA UNIVERSITY FOR FEE-PAYING PURPOSES

**DIRECTIONS:**

*This application should be completed and signed by the student, 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 linked 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

SEMESTER YOU WISH CLASSIFICATION TO BECOME EFFECTIVE: \_\_\_\_\_ , \_\_\_\_\_  
(semester/session) (year)

NAME \_\_\_\_\_ STUDENT IDENTIFICATION NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(last) (first) (middle) (Social Security Number or Assigned Student Number)

CURRENT ADDRESS \_\_\_\_\_  
(number) (street) (apt. number)

\_\_\_\_\_ CURRENT TELEPHONE \_\_\_\_\_  
(city) (state) (zip code)

PERMANENT ADDRESS \_\_\_\_\_  
(number) (street) (apt. number)

\_\_\_\_\_ PERMANENT TELEPHONE \_\_\_\_\_  
(city) (state) (zip code)

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ SEX  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

If yes, provide campus and dates of attendance: \_\_\_\_\_

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

ARE YOU A U.S. CITIZEN?  Yes  No If no, type of visa: \_\_\_\_\_

**FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SPACE**

Classification: R NR Effective Date \_\_\_\_\_ Reason/Rule \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Comments:

## SECTION II — HISTORICAL RESIDENCE DATA

NAME OF PARENTS (Legal Guardian) \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS OF PARENTS (Legal Guardian) \_\_\_\_\_  
(number) (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 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.

Dates (month/year)		Street	City	State
From	To			

## SECTION III — MARITAL DATA

WHAT IS YOUR MARITAL STATUS?  Single  Married  Widowed  Separated  Divorced

DATE OF MARRIAGE \_\_\_\_\_ PLACE OF MARRIAGE \_\_\_\_\_  
(month) (day) (year) (city) (state)

NAME OF SPOUSE \_\_\_\_\_  
(first) (middle) (last) (former name)

SPOUSE'S SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

IS SPOUSE CURRENTLY ENROLLED AT I.U.?  Yes  No If yes, which campus? \_\_\_\_\_

IS SPOUSE ENROLLED IN ANY OTHER INSTITUTION?  Yes  No If yes, \_\_\_\_\_  
(institution) (location)

IS SPOUSE CURRENTLY EMPLOYED?  Yes  No If yes, where? \_\_\_\_\_

DATE OF SPOUSE'S EMPLOYMENT \_\_\_\_\_ OCCUPATION \_\_\_\_\_  Full-Time  Part-Time

## 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:

Dates (month/year)		Institution	City	State	Degree
From	To				

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), EMPLOYERS AND ADDRESSES OF EMPLOYERS FOR THE LAST FOUR YEARS:

Dates (month/year)		Employer	City	State	Full- or Part-time
From	To				

## SECTION V — FINANCIAL DATA

LIST SOURCES, DATES, AND AMOUNTS OF ALL MONIES (e.g., income from employment, 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):

Source	Dates (month/year)		Amount	Recipient
	From	To		

IF YOU ARE UNDER 21 AND CONSIDER YOURSELF FINANCIALLY EMANCIPATED, GIVE EMANCIPATION DATE \_\_\_\_\_

(OVER)

## **SECTION VI — PERSONAL STATEMENT**

This statement should detail your claim to resident student status including an indication of your purpose for coming to Indiana and a statement of your predominant purpose for remaining in the state. Any special or unusual circumstances regarding your request for reclassification should be addressed in this statement. This statement should be completed and signed by the student, rather than by the student's parent or spouse. This statement is required even in cases where additional statements and/or documentation from the student's family is provided.

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

## **SECTION VII — CERTIFICATION**

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.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

This application may not be returned electronically.

This application must be printed, completed, signed, and returned to our office with the appropriate documentation (see instructions).