



Enrollment Services  
Financial Aid

3333 Regis Boulevard, A-8  
Denver, Colorado 80221-1099  
303-458-4126 / 800-568-8932  
FAX: 303-964-5449  
enrolsvc@regis.edu

## Colorado Residency Form – Independent Students

To qualify as a resident, you must have been domiciled in Colorado for one year or more and relinquished all intent to maintain or establish a home in another state. Return this form to the Financial Aid office at the address shown above. Use this form if you are 23 or older, if you have been married, enlisted in the military, are legally emancipated, or are a graduate student.

Student ID: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Name: \_\_\_\_\_

Name of high school attended: \_\_\_\_\_ Date of graduation: \_\_\_\_\_ State: \_\_\_\_\_

☐ Received a GED – Date received (mo/yr): \_\_\_\_\_ State: \_\_\_\_\_

☐ Successfully home schooled - Date completed (mo/yr): \_\_\_\_\_ State: \_\_\_\_\_

Did you participate in any pre-collegiate program? ☐ Yes ☐ No If Yes, list program/classes and/or college/university.

Are you a U.S. Citizen? ☐ Yes ☐ No If you are not a U.S. Citizen, provide:

Registration Number \_\_\_\_\_ Visa Type: \_\_\_\_\_

Visa # \_\_\_\_\_ Expiration Date (mm/dd/yyyy): \_\_\_\_\_

List the address where you have physically resided during the past 18 months:

\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
Street City State Zip (mm/yyyy)

\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
Street City State Zip (mm/yyyy)

Are you or your spouse currently in the military service? ☐ Yes ☐ No

List your past **two years** of employment history; if unemployed, give unemployment history:

\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
Employer City State (mm/yyyy)

\_\_\_\_\_ from: \_\_\_\_\_ to: \_\_\_\_\_  
Employer City State (mm/yyyy)

Have you filed a Colorado Income Tax Return? ☐ Yes ☐ No If yes, list the three most recent years and full or part year:

1. \_\_\_\_\_ ☐ full year ☐ part year 2. \_\_\_\_\_ ☐ full year ☐ part year 3. \_\_\_\_\_ ☐ full year ☐ part year

Do you have a driver's license? If Yes, number: \_\_\_\_\_ Date Issued (mm/dd/yyyy): \_\_\_\_\_ State: \_\_\_\_\_

If No, do you have a Colorado ID? If Yes, provide: Colorado ID # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Motor Vehicle Registration for the past 18 months: State: \_\_\_\_\_ Date of registration: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
(mm/yyyy)

**Electronic Signature** - Type your full name to accept the following: I, \_\_\_\_\_, certify that I am the above named student and that all information provided on this form is true to the best of my knowledge.

I understand that the information provided on this form will be used to determine eligibility for Colorado financial aid programs.

\_\_\_\_\_  
Student Signature (applicant)

\_\_\_\_\_  
Date

### OFFICE USE ONLY

**FA CORS** Military documents attached ☐ Yes ☐ No

Revision date: 11/8/11

*A legible photocopy or facsimile of this document is as valid as the original.*