



University of Connecticut

## SCHOOL OF SOCIAL WORK

### RESIDENCY APPLICATION

Student ID #: \_\_\_\_\_

1. Name: \_\_\_\_\_

2. Date: \_\_\_\_\_

3. Current year: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_

5. Phone: \_\_\_\_\_

6. Place of Birth: \_\_\_\_\_

7. Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Separated

9. Full name of spouse \_\_\_\_\_

10. Spouse's address:

\_\_\_\_\_  
\_\_\_\_\_

11. Your spouse has been recognized as a resident of the state of \_\_\_\_\_ since \_\_\_\_\_.

12. Please list below the addresses of where you have lived for the past two years, listing the most recent first. Attach a copy of your rent receipts or lease for the past year.

No. and Street	City	State	From (MM/YY)	To (MM/YY)

13. Please list below the colleges and/or universities you have attended, in the order of attendance

College/University	Address	From (MM/YY)	To (MM/YY)

14. If you are a foreign student, what type of visa do you hold?

\_\_\_\_\_

15. Are you a registered voter? \_\_\_\_\_ If yes, where? \_\_\_\_\_

16. Do you hold a valid drivers license? \_\_\_\_\_ If so, in what state? \_\_\_\_\_

License Number: \_\_\_\_\_

17. Do you have the use of an automobile? \_\_\_\_\_ If so, in what state is it registered? \_\_\_\_\_

Registration Number: \_\_\_\_\_

18. Name of parent (s) or legal guardian (s): \_\_\_\_\_

19. Please list below the address(es) of parent(s) or legal guardian(s) for the last two years, listing the most recent first.

No. and Street	City	State	From (MM/YY)	To (MM/YY)

20. Do you consider yourself totally emancipated from your parents or guardian? \_\_\_\_\_

If yes, since when? \_\_\_\_\_  
Month Year

21. Were you claimed as an exemption by anyone in the prior year's tax return? ☐ Yes ☐ No

22. If your parent(s) or legal guardian(s) contributed to your support and/or school expenses in the past twelve months, please indicate the amount of the support: \$\_\_\_\_\_.

23. If you have received any financial aid assistance in the past twelve months, (loans or grants from public or private sources,) please list them below.

Source	Amount

24. Did you pay a state income tax, a capital gains tax, or property tax last year? \_\_\_\_\_  
If yes, what state? \_\_\_\_\_

25. Do you maintain a savings or checking account at any bank (s)? \_\_\_\_\_  
If yes, give name and location of bank (s): \_\_\_\_\_

26. Please list below employment information for the past two years.

Employer's Name	Employer's Address	Hours/week	W2 Y/N

To the best of my knowledge and belief, the information given in this application is complete and accurate. Failure to disclose fully and accurately all facts relating to this application shall be grounds for disciplinary action.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONNECTICUT STATE RESIDENCY APPLICATION GUIDELINES FOR TUITION PURPOSES

## **REQUIREMENTS**

There are two (2) primary areas, which must be met, to qualify for billing as an instate student. You must submit documentation to support the information you have provided on your application.

- 1) **DOMICILE:** An individual must reside in Connecticut for a minimum of twelve (12) months at a permanent living location prior to qualifying for instate billing. Domicile is an individual's true, fixed, and permanent home, usually characterized by home ownership or renting an apartment.

**Supporting documentation:** Apartment lease or proof of home ownership.

- 2) **CHANGE OF IDENTITY FACTORS TO CONNECTICUT:**

**Supporting documentation:** Connecticut State drivers license, Connecticut State car registration, or voter registration.

## **Exceptions to the Normal Requirements for Instate Student Status**

1. The spouse and unemancipated children of individuals who move to the State of Connecticut for full-time employment are eligible for instate classification after **six (6) months** if the employee provides evidence of domicile and employment.
2. Instate status is granted to any person whose spouse is entitled to instate classification.
3. Effective July 1, 2005, a member of the armed forces who is stationed in this state pursuant to military orders shall be entitled to classification as an instate student. The instate classification applies also to the spouse and unemancipated children of this individual.

**Submit completed application and supporting documentation to:**

University of Connecticut School of Social Work  
Office of the Registrar  
1798 Asylum Ave.  
West Hartford, CT 06117

### For Office Use

Documentation Submitted: Domicile: \_\_\_\_\_

Change of Identity Factor to CT: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date