

## 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.*

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### 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)

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

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.

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

Classification: R NR Effective Term \_\_\_\_\_ 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 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.

Dates (month/year)		Street	City	State
From	To			

## 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? \_\_\_\_\_

SPOUSE’S UNIVERSITY IDENTIFICATION NUMBER \_\_\_\_\_

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

Beginning date (month/year)	Employer	City	State	Full- or Part-time

\*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:

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) AND EMPLOYERS' ADDRESSES FOR THE LAST FOUR YEARS:

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

## 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):

Source	Dates (month/year)		Amount	Recipient
	From	To		

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.

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(Student's signature)

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(date)