Residence and Tuition Status Application

Under North Carolina law, bona fide legal residents (domicillaries) of North Carolina are eligible for a lower tuition rate than non-residents. Copies of the applicable laws and of implementing University regulations are available for inspection in the Registrar's Office, 108 John Thomas Hall. In essence, the controlling North Carolina statute (G.S. 116 - 143.1) requires: "To qualify as a resident for tuition purposes, a person must have established legal residence (domicile) in North Carolina and maintained that legal residence for at least 12 months immediately prior to his or her classification as a resident for tuition purposes." G.S. 116-143.1 also sets forth statutory definitions, rules, and special provisions for determining resident status for tuition purposes. The residence *Manual*, located in the Registrar's Office, 108 John Thomas Hall, should be consulted for these statutory and regulatory conditions.

The law requires that prior to the term of enrollment every student admitted or readmitted to the University must be classified as a resident or non-resident for tuition purposes. To be classified a resident for tuition purposes; you must furnish such evidence as the University may require to enable it to make such classification.

IMPORTANT – READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION

- 1. **Answer ALL Questions.** Incomplete Forms Will Be Returned. If any question is not applicable to your own situation, write "not applicable."
- 2. **Print or Type All Responses.** If necessary, write "see attached" in the space provided, and use separate additional sheets, numbering your responses the same as the corresponding question and stapling these sheets to this application form.
- 3. **Be Completely Accurate** to the best of your knowledge and understanding. Knowing falsification of your responses may subject you to disciplinary action including dismissal from the institution. **When "Date" is requested, give Month, Day, and Year.**
- 4. **Sign and Date** this application where indicated to make those acknowledgements and certifications necessary to render this an acceptable application.
- 5. Applications must be received by the Residency Officer **before 5pm on the filling deadline** of the academic term for which an applicant wishes to be considered for a change in residency status.
- 6. EVIDENCE OF YOUR CLAIM TO NC RESIDENCE SHOULD BE SUBMITTED WITH YOUR APPLICATION.

TYPE ALL RESPONSES OR PRINT THEM IN INK

1.	Applicant student's full name				
2.	Student ID Number Citizenship				
	(if not a U.S. citizen, attach completed Supple	mental Form) If Sup	plemental Forn	n attached, c	heck here
3.	Date of birth	_ Place of birth		Sex	Age
4.	Current Mailing address street				
	city	_ State	Zip	_ Phone	
	Since (date)				
5.	Permanent home address street_				
	city	_ State	Zip	_ Phone	
	Since (date)				

6.	Last previous home street address in North Carolina							
	city	State						
	Zip Phone							
	From (date) To (date)							
	Last provious home street address <i>outside</i> North Carolina							
	Last previous home street address <i>outside</i> North Carolina							
	city State Zip Phone From (date) To (date)							
	rioiii (date) io (date)							
7.	Are you currently enrolled at ASU? Yes No Are you applying for adm	ission? Yes No						
	Circle the earliest term and indicate the year in which you want this decision	n to apply and circle the						
	program in which you are enrolling or applying:							
	a. Fall, 20 Spring, 20 First Summer, 20 Second Su	mmer, 20						
	b. Classification: FR SO JR SR Graduate No	n-Degree/Visiting						
0	Secondary (high or preparatory) schools you attended in sequence:							
8.	Name Address (City and State) From (date) To (data)						
) To (date)						
	a							
	b							
9.	List ALL post-secondary schools (universities, colleges, community colleges,	etc) vou have attended i						
	sequence including ASU:							
	•) To (date)						
	a	, - (,						
	b							
	C							
	d.							
10.	. If at any time you have applied previously for a determination of your reside	ence status for tuition						
	purposes to ANY public college or university in North Carolina, for EACH							
	a. Give the name of the college or university							
	b. If your residence status was determined, circle classification resident	non-resident						
	c. Indicate the term and year you were so classified							
11.	. Father living? Yes No Name Occupation							
	Permanent home address							
	Resided at above address since (date)							
12	Mother living? Ves No Name Occupation							
14.	. Mother living? Yes No Name Occupation Permanent home address							
	Resided at above address since (date)							
12	. Are your parents separate or divorced? Yes No If yes, who has/had custoo	ly of children?						
13.	. The your parents separate or divorced: Tes TNO II yes, who has flidd custou	iy or crimurent:						

Name Occupation Permanent home address	on (date) a (reason)? on (date) ve your home and legal residence to No on (date) domicile) in North Carolina (date)? n on state and/or Federal income tax re
Resided at above address since (date)	on (date) a (reason)? on (date) ve your home and legal residence to Noon (date) domicile) in North Carolina (date)? n on state and/or Federal income tax re
Court appointed at (place)	on (date) a (reason)? on (date) ve your home and legal residence to No on (date) domicile) in North Carolina (date)? n on state and/or Federal income tax re
16. When and from what state or foreign country did you me Carolina? Moved from	on (date) ve your home and legal residence to No on (date) domicile) in North Carolina (date)? n on state and/or Federal income tax re on (date)
16. When and from what state or foreign country did you me Carolina? Moved from	ve your home and legal residence to No on (date) domicile) in North Carolina (date)? n on state and/or Federal income tax re
Carolina? Moved from	on (date) domicile) in North Carolina (date)? n on state and/or Federal income tax re on (date)
18. Who (excluding yourself) last claimed you as an exemption for what tax year and in what state filed? a. On state return for tax year, filed in (state) Name of person filing return tax year, filed in (state) b. On Federal return for tax year, filed in (state) Name of person filing return tax year, filed in (state) C. Does anyone intend to claim you as a dependent on current tax year? Yes No If yes, who?	n on state and/or Federal income tax re on (date)
for what tax year and in what state filed? a. On state return for tax year, filed in (state) Name of person filing return b. On Federal return for tax year, filed in (state) Name of person filing return c. Does anyone intend to claim you as a dependent on current tax year? Yes No If yes, who?	on (date)
 b. On Federal return for tax year, filed in (standard Name of person filing return c. Does anyone intend to claim you as a dependent on current tax year? Yes No If yes, who? 	t in the contract of the contr
 b. On Federal return for tax year, filed in (standard Name of person filing return c. Does anyone intend to claim you as a dependent on current tax year? Yes No If yes, who? 	relationship to you
Name of person filing returnc. Does anyone intend to claim you as a dependent on current tax year? Yes No If yes, who?	
c. Does anyone intend to claim you as a dependent on current tax year? Yes No If yes, who?	
Relationship to you Ret	
	ms to be med in what state(s)
19. List in chronological order to date of this application <i>all</i> processed consecutive days during the past three years. Your responsible places lived, and vacations. Attach additional paper	nse must include your current address,
Place (city and state) Occupation or Purpos	from (date) to (date)
a	
b	
C	
d	

20.		en and where did you do each of the following during the last 24 months? List EACH time you did
		th act. If not done in the last 24 months, list WHERE AND WHEN such acts were completed the last
	tim	e. If <i>never</i> done, write "never":
		State/Month/Day/Year State/Month/Day/Year State/Month/Day/Year
	a.	Voted
	b.	Registered to vote
	c.	Called to serve on jury duty
	d.	Acquired or renewed driver's license
	e.	Listed personal property for taxation
	f.	Acquired ownership of property for use as your principal dwelling
	g.	Filed state income tax return
		Did you file as a resident or non-resident?
	h.	Had state income tax withheld during the current tax year? Yes No State(s) Beginning (Month/Day/Year) During the previous tax year? Yes No State(s) Beginning (Month/Day/Year)
	i.	Registered/licensed a motor vehicle (car, truck, or other requiring license) Type of vehicle (list all) Where registered/licensed Month/Day/Year
21.		e car(s) or other motor vehicles which you maintain and operate in North Carolina are owned by me) (address)
		gistered/licensed in (state/foreign country) and insured in the name(s) of address
22.	che	the addresses at which you own and maintain personal property (clothing, furniture, cars, boats, ecking or savings accounts, pets, etc.) and give a percentage value (of total personal property) intained at each address: Address % at this address
	a.	
	b.	
	c.	

table with the		A .I .I / . t	.1 . 1 . 1 . 1	
		Address (city and		s) to hrs. per week
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u				
List the sources and i	uses of the mo	onev required to	meet vour expenses:	
				Year (Jan-Dec, 20)
o o	% of Total	· —		Used For
Your earnings	%		0/	
Your savings	 %		2,4	
Parent(s)/Guardian	%		0/	
Name				
Loan	%		%	
Type of Loan				
Other (specify):	% _		%	
continue to maintain	close ties wit	h and periodically	100% n during the immedia y live with, another p	tely preceding 24 month
5. If you (1) now live regontinue to maintain blood, marriage, or commediately preceding yourself, answer the address.)	gularly with, (and close ties with court order or and 24 months following for	h and periodically a legal guardian o as a dependent f each such person	100% In during the immedia If y live with, another poor the person), or (4) If or taxation purposes If you have a second the person of the	erson (who is a relative I have been claimed withi by someone other than one adult person at each
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	b.		nere and when did the	•				-
			nths? List EACH time					S, list WHERE AND
		WF	HEN such acts were co	•				Ja /Dans/Maan
				/lonth/Day/Year	State/M	ontn/Day/Year	State/Mont	n/Day/Year
		1.	Voted		-			
		2.	Registered to vote		-			
		3.	Called to serve on ju	ry duty				
		4.	Acquired or renewed	d driver's license	_			
		5.	Listed personal prop	erty for taxation	-			
		6.	Acquired ownership	of property for u	- ise as your	principal dwell	ing	
		7.	Inclusive dates of su	ch property own	ership			
			From	to	From	to	From _	to
		8.	Filed state income to	ax return				
			Did you file as a resi	dent or non-resid	lent?			
		9.	Registered/licensed	a motor vehicle(s)			
		10.	Claimed you as an e	xemption on				
			Stat	e Income tax retu	urn for	tax year, file	d in (state)	on
			Fed	eral income tax r	eturn for _	tax year, f	iled in	on
26.	Are you now in, or a veteran of, active military service or other Federal government employment? Yes							employment? Yes
	No							
	If Y	ES g	ive your home addre	ss upon entry				
	Υοι	ır of	ficial "home of record	d"				
	Υοι	ır of	ficial home address n	ow is				
	Dat	te de	eclared					
	Υοι	ır ho	ome address upon dis	charge				
	Date of discharge							
	Leg	gal re	esidence you most re	cently claimed or	DD Form	2058 (State of L	egal Residenc	e Certificate)
			ou completed this for					
			ge				ch income tax	was withheld from
	-		lary From				_	
			or one of your paren					
	Ear	ning	gs Statement" for the	most recent pay	period and	for the period	12 months ag	o for each such
	per	son						

- 27. If there are additional circumstances, events, or acts that you feel support your claim to North Carolina legal residence (domicile) for tuition purposes, attach a description of each, specifying the place and date of its occurrence.
- 28. Notice: North Carolina provides certain tuition benefits for spouses, family members and military dependents. Persons who qualify for these benefits include spouses of North Carolina residents, spouses and dependents of active duty military personnel stationed in North Carolina and family members of deceased or disabled emergency workers. If you believe you qualify for these benefits, you should contact the Residency Officer in the Registrar's Office for a supplemental form. When you have completed the supplemental form, please submit both the form and a copy of your residency status application to the Residency Officer.
 - The applicant may be required to have his/her parent(s) or guardian(s) to complete a parents' affidavit if it is determined that the information contained therein would be important in deciding the residency status of the applicant.
 - I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed.
 - I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

Applicant's Signature	Date
Signature of parent or guardian if applicant is under 18 years of age	Date