

Indiana State University
Office of Registration and Records
Parsons Hall Room 009

Application for Classification as a Resident Student

Last Name		First Name		Middle or Maiden Name		Student Identification Number ____-__-____-__-____		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated	Date of Birth Mo. ____ Day ____ Year ____/____/____	Age	Place of Birth	City	State	Zip
Permanent Address House or Apt. #, Street		City		State		Zip		
Campus Address House or Apt. #, Street		City		State		Zip		
High School of Graduation :		City		State		Year Graduated		
Have you ever been enrolled at ISU ? ___ Yes ___ No		When were you first enrolled at ISU ?		Semester	Year ___ Part time ___ Full time	Do you hold a Baccalaureate Degree from ISU ? ___ Yes ___ No		U.S. Citizen ___ Yes ___ No
Permanent home address when first enrolled at ISU:		House or Apt. #, Street		City		State		Zip
Other Colleges or Universities you have attended:	From Month / Year to Month/Year		College or University		State		Degree	Year Graduated
	From Month/ Year to Month/Year		College or University		State		Degree	Year Graduated
	From Month/Year to Month/Year		College or University		State		Degree	Year Graduated
Are you a veteran ? ___ Yes ___ No		Honorably discharged ? ___ Yes ___ No		From what state did you enter The Armed Services?		What was date of your last discharge from The Armed Services ?		Mo. ____ Day ____ Year ____
Are you now on active duty in The Armed Services ? ___ Yes ___ No		Your unit and address		What is your expected date of discharge?		Mo. ____ Day ____ Year ____		
What state of residence did you give on your federal income tax return this year ?				What state of residence did you give on your federal income tax return last year ?				
To what state will you pay income taxes and property taxes this year ?				To what state did you pay income taxes and property taxes last year ?				
State issuing your current driver's license: (If you do not hold a driver's license, so state)				Date license was issued:				
Other states in which you have held a driver's license		State		State		State		
State in which your automobile is currently registered : (If you do not own an automobile, so state)				Date of registration:				
State in which your automobile was registered last year:				State in which you are currently registered to vote:				
Were you registered to vote last year ? (If not registered, so state)		___ Yes ___ No		Where?				
Do you (or your spouse) own any property in the state of Indiana ?		___ Yes ___ No		If yes, give location and dates of ownership:				
Do you (or your spouse) own any property outside the state of Indiana ?		___ Yes ___ No		If yes, give location and dates of ownership:				
What residence do you claim on any loan applications? (If you have not applied, so state)		House or Apt. #, Street		City		State		

Give the status of your income. (List source and amount of all monies received by you in the last year)					
Where have you lived for the past 5 years (current residency need not be included)	From (Month/Year)	To (Month/Year)	City	State	
	From (Month/Year)	To (Month/Year)	City	State	
	From (Month/Year)	To (Month/Year)	City	State	
List your employers for the past 2 years.	Company Name	City	State	From (Mo/Yr) To (Mo/Yr)	Part-Time ___ Full-Time ___
	Company Name	City	State	From (Mo/Yr) To (Mo/Yr)	Part-Time ___ Full-Time ___
Where do you spend your vacations or live when not attending a college or university including Indiana State University?					
Additional Remarks:					
MARRIED APPLICANT					
Spouse's First Name		M.I.	Spouse's Social Security Number ____/____/____		Is your spouse enrolled at ISU ? ___ Yes ___ No
Spouse's date of birth	Mo	Day	Year	Spouse's place of birth	City State Semester Year
Spouse's residence for the past 5 years.	From (Month/Year)	To (Month/Year)	City	State	
	From (Month/Year)	To (Month/Year)	City	State	
List your Spouse's employers for the past 2 years.	Company Name	City	State	From Mo/Yr To Mo/Yr	Full-Time ___ Part-Time ___
	Company Name	City	State	From Mo/Yr To Mo/Yr	Full-Time ___ Part-Time ___
DEPENDENT APPLICANT					
Are you completely and formally emancipated from your guardian or parents ? ___ Yes ___ No			Do your parents or guardian claim you as a dependent on their federal income tax returns? ___ Yes ___ No		If no go to page 3.
Parent's Marital Status: Married ___ Divorced ___	Has either of your parents graduated from ISU with a Baccalaureate degree ? ___ Yes ___ No		Which parent? Father ___ Mother ___		Year parent graduated from ISU :
Father's Last Name		First Name	M.I.	Living ___	Deceased ___
Father's Address		House or Apt. #, Street	City	State	Zip
Mother's Last Name		First Name	M.I.	Living ___	Deceased ___
Mother's Address		House or Apt. #, Street	City	State	Zip
Guardian's Last Name		First Name	M.I.	Date of Court Action Appointing Legal Guardian Mo Day Year	
Legal Guardian's Address		Street	City	State	Zip
Guardian's/Parent's residence for the last 2 years before you first enrollment	From (Month/Year)	To (Month/Year)	City	State	
	From (Month/Year)	To (Month/Year)	City	State	

AFFIDAVIT OF EMANCIPATED APPLICANT

I being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

(Printed Name of Applicant)

(Signature of Applicant)

STATE OF _____

} SS :

COUNTY OF _____

Seal

(Notary Public)

My Commission Expires _____

AFFIDAVIT OF PARENT OR GUARDIAN OF DEPENDENT APPLICANT

I, _____ being duly sworn, state that I now and have been since _____, a legal resident of the State of _____
(Parent/Guardian) (Year)
And that I am employed by, _____ and that I am the parent (or legal guardian) of _____
(Name and address of firm) (Applicant's Name)
_____ and have prepared or reviewed the forgoing application and that the same is true to the best of my knowledge and belief.

STATE OF _____

} SS:

COUNTY OF _____

Seal

(Signature of Parent or Legal Guardian)

(Signature of Dependent Applicant)

(Notary Public)

My Commission Expires _____

APPLICATION APPROVED

Authorized Signature Date

Authorized Signature Date

Effective Term _____

APPLICATION DISAPPROVED

Authorized Signature Date

Authorized Signature Date