

Application for Classification as a Resident Student

Please fill out all parts of this form and submit it along with **ALL** required residency information to the Office of Registration and Records. Examples of documentation can be found at <http://www.indstate.edu/registrar/student-resources/residency/residency>. The preferred method of submission is by e-mail through your MyISU Portal account. Please fill out this form and save a copy to your computer, then upload it as an attachment and send it to: ISU-ORR@mail.indstate.edu. If you do not have access to your student e-mail account, you may submit by mail to: Parsons Hall, Room 009, Indiana State University, Terre Haute, IN 47809 or by fax to: (812) 237-8039. Submission by any other means than through the MyISU Portal requires the written signature of the student. If you have any questions, please contact the Office of Registration and Records at (812) 237-2020.

Personal Information				
Last Name	First Name	Middle or Maiden Name	Date of Birth	University ID # (XXX-XXX-XXX)
Mailing Street Address		City	State	Zip Code
High School of Graduation	City	State	Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>

Higher Education Information		
Please list the other Colleges or Universities that you have attended (list last attended first):		
College/University	Dates of Attendance	State
College/University	Dates of Attendance	State
College/University	Dates of Attendance	State

Other Information			
Are you a veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Last Discharge	State Entered From
Honorably discharged?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you on active duty in the Armed Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Unit	State Expected Discharge Date
Do you hold a current driver's license?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Issued	State
Do you have a registered vehicle?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Registration	State
Were you registered to vote last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	County	State
Are you legally emancipated from your guardian or parents?*	Yes <input type="checkbox"/> No <input type="checkbox"/>	*See Policy Statement on Residence Classification for definition	
Do your parents claim you as a dependent on their federal income tax return?***	Yes <input type="checkbox"/> No <input type="checkbox"/>	**If no, skip Dependent Applicant section	

Residency Information		
Please list where you have lived for the past 36 months (list current residence):		
Dates of Residence	City	State
Dates of Residence	City	State
Dates of Residence	City	State

Employment Information

Please list your employers for the past 24 months (list current employer first):

Company Name _____	City _____	State _____	Dates of Employment _____	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Company Name _____	City _____	State _____	Dates of Employment _____	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>

Additional comments that would help us understand your work history:

Married Applicant Information (Skip this section if not applicable.)

Spouse's Last Name _____ First Name _____ Middle Name _____

Please list your spouse's residence for the past 12 months:

Dates of Residence _____ City _____ State _____ Dates of Residence _____ City _____ State _____

Please list your spouse's last two employers:

Company Name _____	City _____	State _____	Dates of Employment _____	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Company Name _____	City _____	State _____	Dates of Employment _____	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>

Dependent Applicant Information (Skip this section if not applicable.)

Father's Last Name _____ First Name _____ Middle Name _____ Living Deceased

Father's Mailing Address _____ City _____ State _____ Zip Code _____

Mother's Last Name _____ First Name _____ Middle Name _____ Living Deceased

Mother's Mailing Address _____ City _____ State _____ Zip Code _____

Legal Guardian's Last Name _____ First Name _____ Middle Name _____ Living Deceased

Legal Guardian's Street Address _____ City _____ State _____ Zip Code _____

Parent's Marital Status

Married

Divorced

I attest to the fact that the information provided on this form is correct.

Applicant Printed Name _____ Applicant Signature _____ Date _____

OFFICE USE ONLY

APPLICATION APPROVAL OR DISAPPROVAL

Approved Disapproved

Authorized Signature _____

Effective Term _____ Date _____