

Application for Classification as a Resident Student

Please fill out this form, save a copy to your computer, then upload it and the necessary documentation to indstate.edu/secureupload. Examples of documentation can be found at indstate.edu/registrar/printable-forms. You may also submit by mail to: Parsons Hall, Room 009, Indiana State University, Terre Haute, IN 47809 or by fax to: (812) 237-8039. If you have any questions, please contact the Office of the Registrar 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"/>	
Honorably discharged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of Last Discharge _____ State Entered From _____
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"/>	<small>* See Policy Statement on Residence Classification for definition</small>
Do your parents claim you as a dependent on their federal income tax return?***	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<small>** If no, skip Dependent Applicant section</small>

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

Dates of Residence _____	City _____	State _____	Dates of Residence _____	City _____	State _____
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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 <input type="checkbox"/>	Deceased <input type="checkbox"/>
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Father's Mailing Address _____	City _____	State _____	Zip Code _____
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Parent's Marital StatusMarried Divorced

Mother's Last Name _____	First Name _____	Middle Name _____	Living <input type="checkbox"/>	Deceased <input type="checkbox"/>
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Mother's Mailing Address _____	City _____	State _____	Zip Code _____
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Legal Guardian's Last Name _____	First Name _____	Middle Name _____	Living <input type="checkbox"/>	Deceased <input type="checkbox"/>
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Legal Guardian's Street Address _____	City _____	State _____	Zip Code _____
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I attest to the fact that the information provided on this form is correct.

Applicant Printed Name _____	Applicant Signature _____	Date _____
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OFFICE USE ONLY**APPLICATION APPROVAL OR DISAPPROVAL**Approved Disapproved

Authorized Signature _____

Effective Term _____ Date _____