

RESIDENCY CLASSIFICATION FOR TUITION/FINANCIAL AID PURPOSES

All information must be completed. Application must be signed and dated.

Student Applicant Name: _____ Social Security #: _____

Date of Birth: ____/____/____ Age: ____ Emancipated: ____No ____ Yes (attach affidavit)

Never Married: ____ Married: ____ Divorced/Annulled: ____ Date of Marriage: _____

Place of Birth: _____
State _____ Country where Citizen _____

Complete if not US citizen: Country where citizen _____ No US VISA _____

US Visa Type _____ Visa number _____ Expiration date _____

Graduated from a Colorado high school ____Yes ____ No

Name of High School: _____ Date Graduated: _____

Received a GED in Colorado ____Yes ____ No Date Received: _____

Successfully home schooled in Colorado ____Yes ____ No Date Completed: _____

SECTION I: Complete this section if you are 22 years of age or older, married, enlisted military, legally emancipated or a graduate student. Sign SECTION III.

1. List the addresses (Street, City, State) where you physically resided during the past 12 months:

Address _____ Mon/yr ____/____ to ____/____

Address _____ Mon/yr ____/____ to ____/____

2. Are you or your spouse in the military service? ____Yes ____ No

Military base where you are assigned: _____

[Attach signed verification from the Base Education Officer of current active duty station.]

3. List your past two years of employment history:

Employer	City	State	Dates of Employment
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4. List the state where you filed state taxes during the past three years:

Year _____ State _____ Full year resident ____ Partial Year Resident ____

Year _____ State _____ Full year resident ____ Partial Year Resident ____

Year _____ State _____ Full year resident ____ Partial Year Resident ____

5. List your driver's license information:

State _____ Driver's Reg. # _____ Date issued _____

6. List your motor vehicle registration information for the past 12 months:

State _____ License Plate No. _____ Date of registration ____/____

SECTION II: All other applicants complete this section with parent or guardian information. At least one parent needs to be a Colorado resident to qualify for in-state classification. Sign SECTION III.

Check one: Parent _____ Legal guardian _____ (Attach proof of guardianship)

Name of Parent /Guardian (last name)_____ (first name)_____
(last name)_____ (first name)_____

1. List the addresses (Street, City, State) where parent physically resided during the past 12 months:

Address _____ Mon/yr ____/____ to ____/____

Address _____ Mon/yr ____/____ to ____/____

2. Are your parents in the military service? ____Yes ____ No

Military base where parents are assigned: _____

[Attach signed verification from the Base Education Officer of current active duty station.]

3. List past two years of employment history. May attach separate sheets:

Employer	City	State	Dates of Employ	Parent Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. List the state where your parents filed state taxes during the past three years:

Year _____ State _____ Full year resident ____ (or) Partial Year Resident _____

Year _____ State _____ Full year resident ____ (or) Partial Year Resident _____

Year _____ State _____ Full year resident ____ (or) Partial Year Resident _____

5. List driver's license information:

Father: State _____ Driver's License # _____ Date issued _____

Mother: State _____ Driver's License # _____ Date issued _____

6. List motor vehicle registration information for the past 12 months:

Vehicle Model _____ State _____ License Plate # _____ Date registered ____/____/____

Vehicle Model _____ State _____ License Plate # _____ Date registered ____/____/____

Vehicle Model _____ State _____ License Plate # _____ Date registered ____/____/____

SECTION III: I hereby certify that, to the best of my knowledge, the information furnished is true and complete, without evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause to disqualify me for in-state tuition or dismissal from the institution.

Signature (applicant) _____ Date _____

Parent's Signature if Applicant is under 23 _____ Date _____