## **IOWA STATE UNIVERSITY**

University ID:

## Application for Resident Classification

Office of the Registrar 214 Enrollment Services Center Ames, IA 50011-2011

For admission and tuition purposes

lowa State University requests the following information for the purpose of determining residence classification. No persons outside the university are routinely provided this information. A response is required for each item. If you do not provide the required information or documentation as noted, lowa State University may not act on this application.

	Semester/year you request residence status to take effect.								
1.	Name:								
•	Last		First	Middle/Maider					
2.	Current Address:Stree	 et		City/State/Zip					
	Phone: E-mail:								
3.	Birth Date:	Birthplace:							
			City	State/Country					
١.		a U.S. Citizen?YesNo* *What is your current visa classification?re not a U.S. citizen, but a permanent resident, please provide photocopy of 1551 Resident Alien card (green card).							
5.	Are you a U.S. Veteran and/or member of the U.S. Military?Yes No  Are you a child, spouse, or domestic partner of a U.S. Veteran and/or member of the U.S. Military?Yes No  Is the veteran eligible or has the veteran exhausted eligibility for Post 9/11 V.A. benefits? Yes No								
6.	Name, city, state of high school:								
				Year of H.S.graduation:					
7.	Are you currently enrolled at lowa	State University?	Yes* *Classificati	on: Undergraduate Graduate Veterinary Medicine					
8.	During the past 12 months, were	you enrolled at another colle	ge or university?Yes*						
	*Name of college/university:								
	Indicate the semester/year and number of credits you have been enrolled in during the past 12 months:								
	1		1	I					
	Fall: Cre	Spring: dits Year	Sum Credits	mer: Credits					
9.	Date you moved to lowa: Reason for coming to lowa:								
	Primary activities since moving	to lowa:							
	Have you previously been an lov	va resident?Yes*	No *What year did y	ou last reside in Iowa?					
0	Ara yay amplayad? Yes*	No							
LU.	Are you employed?Yes*	*Occupation	Hours/v	veek How long at this job					
	Employer Name			Address					
1.	Are you married? Yes*	No *Date	of marriage:						
	Are you married?Yes* No *Date of marriage: Spouse's full name:								
	Is your spouse an lowa resident	? Yes No	Enrolled at Iowa State Univ	versity?Yes No					
	Employed? Yes* No		Hours/we						
		·		,					
	Spouse's Employer Name			Address					

•	Father's legal name and address									
	Mother's legal name and address  Guardian's name and address, if applicable									
3.	Did your parents/guardia	Yes* _	No	Year						
	Did they file an lowa resident state income tax return for the last tax year?					No	1001			
	Will they claim you as a dependent on their future income returns?				Yes _	No				
	With what state was your last year's state resident income return filed?									
	If you did not file an lowa resident income tax return, indicate why:									
ŀ.	Driver's License:									
		Number	State		Da	nte issued				
	Do you own a motor v	ehicle?Yes* .		ate and license plate	number					
	In what state are you reg	gistered to vote?					_			
	List your places of residence and primary activities for the last 5 years. Use a separate page if necessary.									
•	Dates	Location	,	Activity		•				
<ol> <li>8.</li> </ol>	Describe your sources of financial support. Indicate if financial support is from parents or others; also indicate the date support ended or will end. Use a separate page if necessary.  On a separate page, state why you believe you should be classified as an lowa resident and what steps you have taken to establish your permanent residence in lowa. Be specific. You may be asked to supply documents in support of your application, such as employment verification, tax forms, driver's license, etc.									
	I certify that the information contained in this application is true, correct, and complete.									
	Signature				Date					
	For Office of the Registrar use only									
	Action on the Petition:									
	Date: Signature of university official:									
				State:		County:				