

**UNIVERSITY OF NEW ORLEANS
APPLICATION FOR RESIDENT CLASSIFICATION**

NAME: _____
(Last) (First) (Maiden or Middle)

SOCIAL SECURITY NUMBER: _____ GENDER: _____
(Male) (Female)

PHONE NUMBER: _____

| | | |
|--|---|---|
| DESIRED SEMESTER/YEAR OF CHANGE OF RESIDENCE STATUS: | LAST SEMESTER and YEAR AT UNO: | AS A: |
| <input type="checkbox"/> FALL 20 ____ | <input type="checkbox"/> FALL ____ | <input type="checkbox"/> GRADUATE STUDENT |
| <input type="checkbox"/> SPRING 20 ____ | <input type="checkbox"/> SPRING ____ | <input type="checkbox"/> UNDERGRADUATE STUDENT |
| <input type="checkbox"/> SUMMER 20 ____ | <input type="checkbox"/> SUMMER ____ | |
| | <input type="checkbox"/> NEVER ATTENDED | |

Applications for reclassification to resident status should be filed at least 21 calendar days before registration to allow changes to be reflected on registration material. Applicants filing immediately prior to registration or up to 21 days after the first day of classes must be prepared to pay the non-resident fee and wait for a refund if the application is approved. Such applications shall include any information or documents required by the University, together with any supporting evidence which the student desires to submit. Failure to comply with the appeal procedures and deadlines shall constitute a waiver of all claims for reclassification for the applicable term or terms. **It is recommended that you keep a copy of this application and accompanying documents for your records.**

Attach copies of the following to this application: any of the documents listed below that you possess, the signed Verification of Louisiana Address form, Verification of Louisiana Employment form, and the personal statement requested in question #16.

PLEASE NOTE: Lease agreements, utility bills, W-2 forms do not constitute verification of residency status.

- ___ Louisiana driver's license
- ___ Louisiana vehicle registration
- ___ Louisiana voter registration
- ___ Alien registration card (front and back)
- ___ Louisiana marriage certificate
- ___ Louisiana and federal tax returns (dollar amounts may be obscured)
- ___ Louisiana homestead exemption

**AN APPLICATION WILL NOT BE CONSIDERED IF RECEIVED MORE THAN
21 DAYS AFTER THE FIRST DAY OF CLASSES.**

(For Office Use Only)

CLASSIFICATION ASSIGNED BY CAMPUS

RESIDENT EFFECTIVE: FALL 20 ____
 SPRING 20 ____ NON-RESIDENT _____
 SUMMER 20 ____

Approved by: _____ Date _____

Date appeal forwarded to System Residence Appeals Committee: _____

PLEASE TYPE OR PRINT IN BLACK INK

1. Date of Birth: _____ Place of Birth: _____

2. If not a U.S. Citizen, type of visa: _____
(enclose a copy of the front and back of resident alien card)

3. Domicile Address:
Street: _____ (Apt. No.)

City: _____

State: _____ (Zip Code)

Date moved to this address: Month: _____ Day: _____ Year: _____

4. List all of your addresses for the past five years. Account for all time periods of two weeks or longer (include vacations).

| Street Address | City | State | Dates: From - To |
|----------------|------|-------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5. Were you claimed as a dependent on any person's Federal or State Income Tax return during either or both of the past two years? ____ Yes ____ No If yes, complete the following: Tax Year(s): _____

(Name of person claiming you as a dependent) (Relationship)

(Street Address) (City) (State) (Zip Code)

6. Have you filed a Federal Tax return during the past two years? ____ Yes ____ No
If yes, for Tax Year(s): _____

(State where filed) (Address shown on tax form)

7. Have you filed a Louisiana Tax return? ____ Yes ____ No. If yes, for Tax Year(s): _____

8. Do you have a driver's license? ____ Yes ____ No If yes, for what state?

If Louisiana driver's license, please enclose a photocopy .

9. Do you own a car? ____ Yes ____ No If yes, in what state is it registered?

If registered in Louisiana, please enclose a photocopy of car registration.

10. Are you registered to vote in Louisiana? ____ Yes ____ No

If yes, enclose a photocopy of voter registration card.

11. List all firms or persons by whom you have been employed during the past five years (list present employer first):

| Employer | City and State | Dates Employed: From - To |
|---------------------------|----------------|---------------------------|
| <i>(Present employer)</i> | | |
| | | |
| | | |
| | | |
| | | |
| | | |

12. List all schools attended from present date starting with UNO back to high school:

| School | City and State | Dates Attended: From - To |
|---------------------------|----------------|---------------------------|
| University of New Orleans | New Orleans,LA | |
| | | |
| | | |
| | | |
| | | |
| | | |

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13. List all financial support (any unearned income) received during the past five years (include gifts, grants, loans, fellowships, scholarships, etc.):

| Year | Source of Support | Relationship to You | Address of Donor | Amt./Percent |
|------|-------------------|---------------------|------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

14. Do you own property in Louisiana? Yes No.

If yes, list location: _____

15. If married, give name of spouse: _____

Date of marriage: _____ Spouse's Occupation: _____

Spouse's employer and address: _____

16. On a separate sheet of paper make a complete statement covering:

- (1) Your reasons for coming or returning to Louisiana.**
- (2) Your reasons for believing that you are a domiciliary of Louisiana.**
- (3) Any other facts relative to your resident status you wish to submit.**

Please take some time to write your statement as this is an important part of your application.

17. Signature: (this form will not be accepted if not signed and dated)

I hereby certify that the information given in this application and in all attachments thereto is true, correct and complete to the best of my knowledge. I authorize the Louisiana State University System to verify all facts relevant to my claim for residence.

Signature of applicant _____ Date _____

Applicants must complete all the items and provide all the supplemental documentation requested by this office. Failure to do so will result in the application being returned, thus delaying consideration of the appeal.

AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED UNDER ANY CIRCUMSTANCES.