Applying for Residency Classification or Reclassification

Persons applying to UTHSC or currently enrolled students at UT Health Science Center may request a change of their residency classification by submitting a signed and notarized residency application to the Office of Enrollment Services. The application should provide evidence to show that the individual/student is not seeking in-state classification simply for admission and/or tuition paying purposes.

* **Enrolled student** applications and supporting documentation must be submitted in the semester prior to the term the student is seeking reclassification. If reclassification is granted, the effective date will be the beginning of the upcoming semester. (Ex: applications submitted in the fall semester will be effective for the spring semester, etc.)

* **Prospective students** who apply for instate classification will be considered out of state during the admissions process until a residency classification has been determined. All residency decisions for prospective students should be completed by the date of matriculation.

**Unless the contrary appears from clear and convincing evidence**, it shall be presumed that an emancipated person does not acquire domicile in this state while enrolled as a full-time student.

**Supporting Documentation:**
Appropriate documentation to support an application for in state residency includes the following:
- Proof of domicile within Tennessee
- Evidence of employment in Tennessee
- Copy of voter’s registration
- Copy of Driver’s license
- Copy of car registration
- Copy of parent’s federal tax return filed during previous tax year
- Copy of personal federal tax return filed during previous tax year.

**Effective Date of Reclassification**
If a student, who is classified as out-of-state, applies for in-state classification and receives it, his or her classification status and corresponding tuition payments shall become effective following the semester reclassification is granted.
In accordance with the rules adopted by both the Board of Trustees of The University of Tennessee and the Board of Regents, individuals domiciled in the State of Tennessee are classified as in-state residents. All individuals not having a domicile in Tennessee are classified as out-of-state. In determining whether a student is domiciled in Tennessee all pertinent evidence is considered by the University. Presence or absence of any particular item(s) of evidence will not automatically result in an in-state or out-of-state classification.

In order that we may have full information with which to determine your classification for admission and fee purposes, please complete and return this application to the office checked at left. You may wish to attach supportive materials (letters, photocopies of documents, etc.), particularly at the places marked “Documentation.”

All decisions regarding classification for fee and admission purposes are made in accordance with Regulations for Classifying Students In-state and Out-of-state for the Purpose of Paying College or University Fees and Tuition and for Admission Purposes. (Copy available in each of the campus offices of Admissions and Records.)

PERSONAL INFORMATION

Name: ____________________________________________________________

Last Name: ___________________________ First Name: _______________ M

Student Identification Number (Starts with 885): __________________________

Present Address: ____________________________________________________

Number/Street

City

State

Zip

Permanent Address: __________________________________________________

Number/Street

City

State

Zip

Telephone Number: ___________________________ Cell Phone Number: ______

Date of Birth: ___________________________ Place of Birth: ____________________

Have you been domiciled* in Tennessee continuously since birth? YES NO

If NO, date you began your most recent domicile in Tennessee? ____________________

Address at time you began your most recent domicile: ________________________

Number/Street

City

State

Zip

*Here, and elsewhere, Domicile is defined as, “A person’s true, fixed and permanent home and place of habitation; it is the place where he/she intends to remain, and to which he/she expects to return if he/she leaves without intending to establish a new domicile elsewhere.”
Reason for coming to Tennessee to establish your most recent domicile?


High School(s) attended __________________________ from _________ to _________
Name    City    State

All colleges and universities attended (other than UTHSC)

Name    City    State
from _________ to _________

Name    City    State
from _________ to _________

Have you ever been classified as an in-state resident by a state-aided institution in Tennessee? YES NO
If so, please give details ________________________________________________________________

CITIZENSHIP

Are you a Citizen of the U.S.? YES NO
If NO, What is your status in this country (type of visa)? __________________________________

Are you a registered voter? YES NO If YES, in what state are you registered to vote? ______

Have you filed state or federal income tax form for the previous year? YES NO
If YES, what address was given as residence? ____________________________________________
Number/Street    City    State    Zip

EMPLOYMENT (Documentation: Letter from employer which verifies the below information)

Are you presently employed? YES NO
If YES, employer’s name: __________________________

Employer’s address: _________________________________________________________________
Number/Street    City    State    Zip

Dates of employment: ________ to ________ Job title ______________
Hours worked per week ________.
If appropriate, what percentage of your on-the-job time is spent out-of-state? _________
FINANCIAL SUPPORT

List every source from which you received more than approximately ten percent (10%) of your support or income during the past twelve months:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

MARITAL

Are you? Married____ Single____

If married, spouse’s name: ________________________________________________

Has spouse been domiciled in Tennessee continuously since birth? YES NO

If NO, when did spouse begin his or her most recent domicile in Tennessee? _________________

For what reasons did spouse come to Tennessee to establish most recent domicile? _________________

_____________________________________________________________________________________

Is spouse employed full-time? YES NO How long has he/she been in present position? ______

His/her employer in Tennessee? YES NO Employer’s Name: ________________________________

PARENTAL INFORMATION

Father’s Name: _________________________________________________________________

Father’s address: __________________________________________________________________

Mother’s name: ___________________________________________________________________

Mother’s address: ____________________________________________________________________

Do you have a legally appointed guardian? YES NO

If YES, guardian’s name: _____________________________________________________________

Guardian’s address: __________________________________________________________________

If your parent(s) or guardian is not presently domiciled in Tennessee, has he/she previously been domiciled in Tennessee? YES NO

If YES, give previous Tennessee address: ________________________________________________
Dates of previous domicile in Tennessee
From_________________ To______________________________

Did either parent or your guardian claim you as a dependent on his/her most recent income
tax return?    YES    NO
(Documentation: photocopy of address & dependent sections of tax form)

MILITARY

Have you served in active military service?    YES    NO
If YES, from what state did you enter service? _______________ Date of entry into service: ______
State in which you were discharged? _______________
Home of record as listed on D.D. Form 214? ______________________________________________
Date if discharge? ______________________
(Documentation: Photocopy of D.D. Form 214)

AUTOMOBILE

Do you have a driver’s license?    YES    NO    If YES, what state issued the license? _____________
(Documentation: Photocopy of license)
Driver’s license number? ________________________________________________
Do you own an automobile?    YES    NO    If YES, in what state is your automobile registered? _____
Automobile license number? ________________________________________________
(Documentation: Photocopy of auto registration)

REAL ESTATE

Do you own the dwelling in which you live?    YES    NO
If YES, date of purchase:
(Documentation: Photocopy of bill of sale, mortgage papers, or other public record)

OTHER IN-STATE CLASSIFICATION

Have you been classified for tuition or fee purposes as an in-state resident of any other state?    YES    NO
If YES, date classification was made and by whom: ____________________________________________
OTHER IN-STATE INFORMATION

Have you ever been classified, for tuition or fee purposes, as an in-state resident of any other state?
YES  NO  If yes, date of classification was made and by whom? ________________

OTHER INFORMATION

Provide any further information which you wish to offer in support of your application

TO BE COMPLETED BY ALL APPLICANTS

My signature below is to certify to the correctness and completeness of the information supplied. It further indicates that I understand that The University of Tennessee Health Science Center may contact any of the persons referred to above for the purpose of obtaining additional pertinent information, and that I further understand that any false information provided in the foregoing statements will disqualify me from being considered an in-state student for fee and admission purposes and I may be required to withdraw from The University of Tennessee Health Science Center.

Student Identification Number: ___________________________
Date: ___________________________

Student Signature: ___________________________

Please do not write below this line

Determination:

_____ Resident  _____ Non-Resident

By: ___________________________
Date: ___________________________

Comments:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________