# 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.

# THE UNIVERSITY OF TENNESSEE

Health Science Center Office of Admissions 910 Madison Ave., Suite 520 Memphis, TN 38163

Application for Classification as an "In-State" Student for Fee and Admissions Purposes

Effective\_\_\_\_

Date

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 cam- pus offices of Admissions and Records.)

**PERSONAL INFORMATION** 

Name:				
Last Name	First Name		М	
Student Identification Number (Starts with 885	5):			
Present Address:				
Number/Street	City	State	Zip	
Permanent Address:				
Number/Street	City	St	ate	Zip
Telephone Number:	Cell Phone I	Number:		
Date of Birth:	Place of Birt	th:		
Have you been domiciled* in Tennessee contin	nuously since birth?	YES	NO	
If NO, date you began your most recent domic	ile in Tennessee?			
Address at time you began your most recent do				
	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_ N	lame Ci	ity	State	_ from	to		
All colleges and universit				_from	to		
Name	City	Sta	te	from	to		
Name	City	Sta	te	_ 110111	10		
Have you ever been class If so, please give details _ CITIZENSHIP			-				
Are you a Citizen of the U	J.S.?	YES	N	0			
If NO, What is your status	s in this count	ry (type o	of visa)?				
Are you a registered voter	r? YES	NO	If YES, in	what state a	are you regis	tered to vote	?
Have you filed state or fee	deral income	tax form	for the prev	vious year?	YES	NO	
If YES, what address was	given as resid	dence?	Number/Stre	et	City	State	Zip
EMPLOYMENT		(Docume	entation: Lette	r from employ	er which verifie	es the below int	-
Are you presently employ	ved? YES	NO					
If YES, employer's name	:						
Employer's address:	umber/Street		Cit	ty	State	Zip	
Dates of employment: Hours worked per week out-of-state?	· ]					e-job time is	s spent

#### 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 tax return? YES NO (Documentation: photocopy of address & dependent section)	•	on his/her most recent income
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 NC (Documentation: Photocopy of license)	If YES, v	vhat state issued the license?
Driver's license number?		
Do you own an automobile? YES NO I	f YES, in wł	at 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:	rs, or other pub	lic 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:	
ResidentNon-Resident	
By:	Date:
Comments:	