Application for In-State Classification

Effective Semester: _________________

Please select which office you are submitting your residency appeal to:

Undergraduate:__________  Graduate:__________

Return to:

Undergraduate Admissions
University Center, 101
Dept. 5105
615 McCallie Avenue
Chattanooga, TN 37403
(423) 425-4157 (fax)

The Graduate School
103 Race Hall
Dept. 5305
615 McCallie Avenue
Chattanooga, TN 37403
(423) 425-5223 (fax)

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 above address. You should 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).

1720-1-1-08 EFFECTIVE DATE FOR RECLASSIFICATION. If a student classified out-of-state applies for in-state classification and is subsequently so classified his or her in-state classification shall be effective as of the date on which reclassification was sought. However, out-of-state tuition will be charged for any semester during which reclassification is sought and obtained unless application for reclassification is made to the classification officer on or before the last day of regular registration of that semester.

Spring Semester 2016: January 15, 2016
Spring Part of Term I: January 11, 2016
Spring Part of Term II: March 7, 2016
Summer Part of Term I: May 20, 2016
Summer Part of Term II: July 1, 2015
Summer Long Term: May 24, 2016

Please type or print legibly in black ink.

PERSONAL INFORMATION

1. Name_______________________________________
   (Last Name) (First Name) (Middle Name)

2. Student Identification Number (UTC ID#)________________________

3. Present Address ______________________________
   (Street & Number) (City) (State) (Zip Code)

4. Permanent Address ______________________________
   (Street & Number) (City) (State) (Zip Code)

5. Telephone Number __________________ E-mail Address __________________
6. Date of Birth ___________________ (Month)  (Day)  (Year)

7. Place of Birth ___________________ (City)  (State)

8. 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
   (Street & Number)  (City)  (State)  (Zip Code)
   What is the reason for coming to Tennessee to establish your most recent domicile?
   __________________________________________________________________________
   __________________________________________________________________________

9. High School(s) attended ____________________ from _______ to _______
   (Name)  (City)  (State)  (Dates of Attendance)
   ____________________ from _______ to _______
   (Name)  (City)  (State)  (Dates of Attendance)

10. All colleges and universities attended (other than The University of Tennessee)
    ____________________ from _______ to _______
       (Name)  (City)  (State)  (Dates of Attendance)
    ____________________ from _______ to _______
       (Name)  (City)  (State)  (Dates of Attendance)
    ____________________ from _______ to _______
       (Name)  (City)  (State)  (Dates of Attendance)
    ____________________ from _______ to _______
       (Name)  (City)  (State)  (Dates of Attendance)

   (If more, attach separate sheet)

11. Have you previously attended the University of Tennessee?
    Campus                        Dates of Attendance
    UT at Chattanooga          from _______ to _______
    UT Center for the Health Sciences from _______ to _______
    UT at Knoxville            from _______ to _______
    UT at Martin               from _______ to _______

12. Have you ever been classified as an in-state resident by a state-aided institution in
    Tennessee? Yes ___ No ___ If yes, please give details ____________________________
CITIZENSHIP

13. The Tennessee Eligibility Verification for Entitlements Act requires an applicant for in-state tuition or state financial aid complete and sign the following statement:
I________________________, swear or affirm under penalty of perjury under the laws of the state of Tennessee that: (check one)

__________ I am a United States citizen; or
__________ I am an alien lawfully present in the United States

I understand that this statement is required by Tennessee law because I have applied for a public benefit. I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this public benefit. I understand that knowingly and willfully making a false, fictitious, or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act Tennessee Code Annotated 4-18-101 et seq. I understand that if I am found to have made a false or misleading statement my admissions may be rescinded or I may be disciplined by The University of Tennessee at Chattanooga.

__________________________________________
Signature

__________________________________________
Date

14. Are you registered to vote? Yes___ No ___ If yes, what state are you registered? ________

15. Have you filed state or federal income tax form for the previous year? Yes ___ No ___ If yes, what address was given as residence? ______________________________________

(Street & Number)

(City) (State) (Zip Code)

(Documentation: Photocopy of address section of form(s).)

EMPLOYMENT (Documentation: Letter from employer which verifies the below information.)
16. Are you presently employed? Yes ___ No ___ If yes, employer’s name _______________

Employer’s address _____________________________________________________________

Date of Employment ___________________ Job Title _______________________

Hours worked per week _______ If appropriate, percentage of on-the-job time is spent out-of-state? ______

FINANCIAL SUPPORT
17. List every source from which you received more than approximately ten percent (10 %) of your support or income during the past twelve months? ____________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________
18. Married ___ Single ___ If married, spouse’s name ________________________________
   (Last)                       (First)                       (Middle)
19. Has spouse been domiciled in Tennessee continuously since birth? Yes ___ No ___ If
    no, when did spouse begin his/her most recent domicile in Tennessee?
   _________________________________
   (Month/Year)
   For what reasons did spouse come to Tennessee to establish most recent domicile? _______
   ___________________________________________________________________________________
20. Is spouse employed full-time? Yes ___ No ___ How long in present position? __________
21. Is spouse’s employment in Tennessee? Yes ___ No ___ Employers name _________________
   ___________________________________________________________________________________

PARENTAL INFORMATION
22. Father’s name ______________________________________________________________
   (Last Name)                                           (First Name)                                                   (Middle
   Name)
23. Father’s address ____________________________________________________________
   (Street & Number)                                                     (City)                   (State)                    (Zip Code)
24. Mother’s name ______________________________________________________________
   (Last Name)                                           (First Name)                                                   (Middle
   Name)
25. Mother’s address ____________________________________________________________
   (Street & Number)                                                     (City)                   (State)                    (Zip Code)
26. Do you have a legally appointed guardian? Yes ___ No ___
    If yes, guardian’s name ________________________________________________
    (Last Name)                                           (First Name)                                                   (Middle
   Name)
27. Guardian’s address ____________________________________________________________
    (Street & Number)                                                     (City)                   (State)                    (Zip Code)
28. 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
    (Street & Number)                                                     (City)                   (State)                    (Zip Code)
    Dates of previous domicile in Tennessee: from _______________ to ____________
    Reason for leaving _________________________________________________________
29. Did either parent or your guardian claim you as a dependant on his/her most recent income
    tax return? Yes ___ No ___
    (Documentation: Photocopy of address & dependent section of tax form.)

MILITARY
30. Have you ever served in active military service? Yes ___ No ___
If yes, state entered service ________________ Date of entry into service ________________

State in which you were discharged ________________ Date of discharge ________________

Home of Record as listed on D.D. form 214 ______________________________________

(Documentation: Photocopy of D.D. Form 214)

AUTOMOBILE
31. Do you have a driver’s license? Yes ___ No ___ If yes, what state ________________

(Documentation: Photocopy of license)

32. Do you own an automobile? Yes ___ No ___ If yes, what state is it registered ___________

Automobile License Number __________________

(Documentation: Photocopy of auto registration)

REAL ESTATE
33. Do you own the dwelling in which you live? Yes ___ No ___

If yes, date of purchase ________________

(Documentation: Photocopy of bill of sale, lease/mortgage papers, or other public record.)

OTHER IN-STATE CLASSIFICATION
34. Have you ever 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 INFORMATION
35. Provide any further information in 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 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.

Date ________________ Signature of Applicant ____________________________________

State of _______________ County of ____________
Subscribed and sworn to me before this _____ day of __________, 20____
Notary Public ___________________________________________ My Commission Expires __________

______________________________________________________________________________

Please do not write below this line

Determination: Resident_________ Non-Resident ________
By: ______________________________________________
       (Name)                                                                                (Date)
Special Conditions:_____________________________________________________________________

________________________________________________________________________________