The University of Tennessee at CHATTANOOGA

| Application | on for In-State Classific | ation | | | |
|---|--|--|--|-------------------------|--|
| Effective Semester: | | | | | |
| Please select which off | ce you are submitting your residency appeal to: | | | | |
| Undergraduate: | Graduate: | | | | |
| Return to: | | | _ | | |
| Undergraduate Admissions | The Graduate School | <u>)</u> | | | |
| University Center, 101 | 103 Race Hall | | | | |
| Dept. 5105 | Dept. 5305 615 McCallie Avenue Chattanooga, TN 37403 | | | | |
| 615 McCallie Avenue | | | | | |
| Chattanooga, TN 37403 | | | | | |
| (423) 425-4157 (fax) | (423) 425-5223 (fax) | | | | |
| , , , | , , , , | | | | |
| Presence or absence of any particular item(s) of evider In order that we may have full information with which and return this application to the above address. You sparticularly at the places marked "Documentation." All decisions regarding classification for fee and adm In-state and Out-of-state for the Purpose of Paying Co in each of the campus offices of Admissions and Reco Please type or print legibly in black in PERSONAL INFORMATION | n to determine your classification for should attach supportive materials (le ission purposes are made in accorda llege or University Fees and Tuition rds). | admission and fee tters, photocopies nce with Regulati | e purposes, please co s of documents, etc.) | omplete , Student | |
| 1. Name | (Fig. N | | ac.18 X | | |
| (Last Name) | (First Name) | | (Middle Name) | | |
| 2. Student Identification Number (UT | C ID#) | | | | |
| 3. Present Address | | | | | |
| 3. Present Address (Street & Number) | (City) | (State) | (Zip Code) | | |
| 4. Permanent Address | (0) | (0) | (7: 6.1) | | |
| (Street & Number) | (City) | (State) | (Zip Code) | | |
| 5. Telephone Number | E-mail Address | | | | |
| 6. Date of Birth(Month) | (Day) | (Year) | | | |
| (1.1011111) | (=7) | () | | | |

(State)

7. Place of Birth ___

| (Street & Number) What is the reason for coming t | (City) to Tennesse | | (State) ish your mo | (Zip Cost recen | * |
|---|-----------------------|---------------------------------------|------------------------|-----------------|-----------------------------|
| O. High School(s) attended (Name) | | | | from _ | to(Dates of Attendance) |
| (Name) |) | (City |) (State) | | (Dates of Attendance) |
| | | | | from | to |
| (Name) |) | (City |) (State) | | (Dates of Attendance) |
| (Name) | | (City) | (State) | from | to(Dates of Attendance) |
| | | | | from | to |
| (Name) | | (City) | (State) | | (Dates of Attendance) |
| | | | | from _ | to (Dates of Attendance) |
| (Name) | | (City) | (State) | | (Dates of Attendance) |
| (rame) | | (City) | , , | | |
| ` , | | | . , | from | to |
| (Name) (If more, attach separate sheet) | | (City) | (State) | from | to(Dates of Attendance) |
| (Name) | the Univers | (City) | , , | from | to (Dates of Attendance) |
| (Name) (If more, attach separate sheet) 11. Have you previously attended Campus | | (City) | inessee? | from | to (Dates of Attendance) |
| (Name) (If more, attach separate sheet) 11. Have you previously attended Campus UT at Chattanooga | Dates of from_ | (City) sity of Ten f Attendance | inessee? | | to(Dates of Attendance) |
| (Name) (If more, attach separate sheet) 11. Have you previously attended Campus UT at Chattanooga UT Center for the Health Science | Dates of from_ | (City) sity of Ten f Attendance | inessee? | | to(Dates of Attendance) |
| (Name) (If more, attach separate sheet) 11. Have you previously attended Campus UT at Chattanooga | Dates of from | (City) sity of Ten f Attendance | toto | | to(Dates of Attendance) |

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 the state of Tennessee that: (check one) | | | | |
| the | state of Tennessee that: (check on | e) | | |
| I am a United States citizen; or I am an alien lawfully present in the United States | | | | |
| ben indi mal und that | efit. I understand that Tennessee licated above prior to receipt of thi king a false, fictitious, or fraudule ler the Tennessee False Claims Ac | law require is public be nt statemen t Tennesse se or mislea | Tennessee law because I have applied for a public res me to provide documentation verifying the status enefit. I understand that knowingly and willfully nt or representation shall subject me to liability received Annotated 4-18-101 et seq. I understand ading statement my admissions may be rescinded or ressee at Chattanooga. | |
| Sign | nature | | Date | |
| 14. | Are you registered to vote? Yes | s No _ | If yes, what state are you registered? | |
| 15. | Have you filed state or federal in yes, what address was given as | | form for the previous year? Yes No If (Street & Number) | |
| | (City) | (State) | (Zip Code) | |
| (| Documentation: Photocopy of address | section of for | rm(s).) | |
| EM | IPLOYMENT (Documentation: L | etter from en | mployer which verifies the below information.) | |
| 16. | Are you presently employed? Y Employer's address | es No | o If yes, employer's name | |
| | Date of Employment | | Job Title | |
| | Hours worked per week of-state? | If approp | Job Title priate, percentage of on-the-job time is spent out- | |
| FIN | NANCIAL SUPPORT | | | |
| 17. | List every source from which your support or income during t | | d more than approximately ten percent (10 %) of relve months? | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| M A | Married Single If married, spouse's name (Last) (First) |
|------------|--|
| | 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 |
| | RENTAL INFORMATION Father's name |
| | Father's address |
| | Mother's name |
| 25. | Mother's address (Street & Number) (City) (State) (Zip Code) |
| | 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) |
| | 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 |
| 29. | Reason for leaving 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.) |
| | LITARY 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) | |
| | TOMOBILE Do you have a driver's license? Yes No (Documentation: Photocopy of license) | If yes, what state |
| 32. | Do you own an automobile? Yes No Automobile License Number (Documentation: Photocopy of auto registration) | |
| | AL ESTATE Do you own the dwelling in which you live? If yes, date of purchase (Documentation: Photocopy of bill of sale, lease/mo | |
| | | fee purposes, as an in-state resident of any other on was made and by whom |
| | THER INFORMATION Provide any further information in which yo | u wish to offer in support of your application |
| | D BE COMPLETED BY ALL APPLICAN signature below is to certify to the correctnes | ΓS and completeness of the information supplied. |
| It for | urther indications that I understand that the Unsons referred to above for the purpose of obta | niversity of Tennessee may contact any of the ining additional pertinent information, and that I wided in the foregoing statements will disqualify fee and admission purposes and I may be |
| Dat | se Signature of Applica | unt |

| Please do not write below this line | | | |
|-------------------------------------|--------------|--|--|
| Determination: Resident | Non-Resident | | |
| By: | | | |
| (Name) | (Date) | | |
| Special Conditions: | | | |