

**RETURN FORM TO:**

North Dakota University System  
1815 Schafer St #202  
Bismarck ND 58501-1217

**FOR OFFICE USE ONLY:**

Application Approved \_\_\_\_\_  
Not Approved \_\_\_\_\_  
Date of Action \_\_\_\_\_  
Reviewing Party \_\_\_\_\_

- Reciprocity                       PSEP  
 WUE                                       Residency

**NORTH DAKOTA UNIVERSITY SYSTEM**  
**Application for Resident Student Status**

**A. Introduction**

**(Before filling in blanks, read the following carefully.)** The representations made in this application are made for the purpose of determining legal residency for tuition purposes. All statements are subject to investigation and verification. Any false statement or omission made for the purpose of misleading or defrauding an institution constitutes grounds for expulsion and is punishable as a Class A Misdemeanor (for which the maximum penalty is one year's imprisonment or a \$1,000 fine or both).

1. Full Name of Student \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

2. Home Address \_\_\_\_\_  
street \_\_\_\_\_

*Note: PO Box is not acceptable  
in determining ND residency*

Current Mailing Address \_\_\_\_\_  
city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ telephone # \_\_\_\_\_

street \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ telephone # \_\_\_\_\_

3. List all institutions of higher education that you have attended during the last three years, the dates of attendance at each, and whether you paid a resident or nonresident tuition (indicate N/A on that line if no distinction was made by the institution).

Institution	Dates of Attendance	Resident or Nonresident
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. What is your country of citizenship? \_\_\_\_\_  
If other than U.S., state the type, number, and date of issue of your current visa. \_\_\_\_\_  
\_\_\_\_\_

**B. Resident Student Status**

I claim residency for tuition purposes because (check the section (or sections) under which you qualify and supply all information requested for that section):

a. I am a person whose custodial parent, guardian, or parents has been a legal resident of North Dakota for 12 months immediately prior to the beginning of the academic term.

Name of custodial parent or guardian \_\_\_\_\_  
Address (last 12 months) \_\_\_\_\_  
\_\_\_\_\_

b. I am 18 years of age or older, and have been a legal resident of North Dakota for 12 months immediately prior to the beginning of the academic term.

Address (last 12 months) \_\_\_\_\_  
\_\_\_\_\_

\* Disclosure of your Social Security number is voluntary. Social Security numbers are used as an individual ID number for record keeping and administrative purposes. If you do not disclose your Social Security number, an individual ID number will be assigned.

- c. I am a dependent child whose parent or guardian has been a legal resident of North Dakota for 12 months immediately prior to the beginning of the academic term or resides in the state with the intent to establish residency in the state for a period of years. **Attach copy of first page of parent's most recent federal income tax return).**

Name of parent or guardian \_\_\_\_\_

Parent's Address \_\_\_\_\_

If parent has resided in North Dakota for less than 12 months:

Place of Employment \_\_\_\_\_ Date moved to North Dakota \_\_\_\_\_

- d. I graduated from a North Dakota high school.

High School \_\_\_\_\_

- e. I am a full-time active duty member of the armed forces or a member of a North Dakota national guard unit.

Branch \_\_\_\_\_ Installation \_\_\_\_\_

Expected date of termination of that assignment \_\_\_\_\_

- f. I am a spouse or a dependent of a full-time active duty member of the armed forces or a member of a North Dakota national guard unit. **(If you are a dependent child, attach the first page of your parent's most recent federal income tax return.)**

Name of spouse or parent \_\_\_\_\_

Branch \_\_\_\_\_ Installation \_\_\_\_\_

Expected date of termination of that assignment \_\_\_\_\_

- g. I am a veteran or spouse of a veteran as defined in NDCC Section 37-01-40 (Attach a copy of your or your spouse's DD Form 214).

- h. I am a spouse or a dependent of an employee of an institution of higher education in the state. **(If you are a dependent child, attach the first page of your parent's most recent federal income tax return.)**

Name of spouse or parent \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

- i. I am married to a person who is a resident for tuition purposes **(complete this section only if you do not qualify under one of the above sections).**

Name of spouse \_\_\_\_\_

Address \_\_\_\_\_

- j. I was a legal resident of this state for at least 3 consecutive years within 6 years prior to the beginning of the academic term **(complete this section only if you do not qualify under one of the above sections).**

List all places and dates of residence during the past 6 years:

\_\_\_\_\_  
\_\_\_\_\_

- k. I am a child, stepchild, widow, or widower of a veteran who was killed in action or died from wounds or other service-connected causes, was totally disabled as a result of service-connected causes, died from service-connected disabilities, was a prisoner of war, or was declared missing in action. **(If you are a dependent child, attach the first page of your parent's most recent federal income tax return.)**

Name of spouse or parent \_\_\_\_\_

Address \_\_\_\_\_

I hereby certify that the foregoing answers to the above questions are to the best of my knowledge and belief, true and correct; and that they accurately reflect my status at the present time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student