



RETURN FORM TO:
 North Dakota University System
 600 E Boulevard Avenue, Dept. 21
 Bismarck, ND 58505-0602

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 (No PO Box) _____

street

Note: PO Box is not acceptable in determining ND residency

city

state

zip

telephone #

Current Mailing Address _____

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. _____

5. Name of school attending in next academic year: _____

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) _____

Please complete page 2

* 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 Name _____ City _____ State _____

- e. I am a full-time active duty member of the armed forces, a member of a North Dakota National Guard unit, or a member of the armed forces reserve component stationed in North Dakota.
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, or a member of the armed forces reserve component stationed in North Dakota. **(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 as defined in NDCC Section 37-01-40, or the spouse or dependent of a veteran who is eligible to transfer entitlement under the Post 9-11 Veterans Educational Assistance Act of 2008 [38 U.S.C. 3301], or a covered individual as defined by 38 U.S.C. 3679.(Attach a copy of the veteran's DD Form 214).

- h. I am a benefitted employee of the North Dakota University System, or the spouse or dependent thereof. **(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. I understand that additional documentation may be required to establish my residency.