

RETURN FORM TO:
 Dickinson State University
 291 Campus Drive
 Dickinson, ND 58601

FOR OFFICE USE ONLY:
 Application Approved: _____ Not Approved: _____
 Date of Action: _____
 Reviewing Party: _____
 Reciprocity PSEP WUB Residency

NORTH DAKOTA UNIVERSITY SYSTEM
Application for Resident Student Status

A. Introduction

(Before filling in the 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: **(NOTE: PO Box is not acceptable in determining ND Residency)**

 Street

 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).

<u>Institution</u>	<u>Dates of Attendance</u>	<u>Residence or Nonresident</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

*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.

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. (Attach copy of student's ND driver's license, most recent tax return showing not being claimed by a parent in another state, copy of lease agreement(s) or purchase agreement.)
 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 12 months immediately prior to the beginning of the academic term. (Attach copies of identification documenting your North Dakota residency. Approved North Dakota identification includes: driver's license, first page of most recent Federal tax return and completed ND state income tax return. You will also need to provide copies of all apartment lease(s) or home purchase agreements(s) if either form of ND identification is dated less than 12 months prior to the beginning of the academic term for which you are applying for North Dakota residency.)

Address (last 12 months): _____

- 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 within the last 12 months immediately prior to the beginning of the academic term. "Dependent" is defined as a person claimed as a dependent on the most recent federal tax return. (Attach copy of first page of parent's most recent federal income tax return and complete North Dakota state 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 parent or guardian employment: _____ Date moved to North Dakota: _____

- d. I graduated from a North Dakota High School. (Include a copy of high school transcript or diploma showing graduation)

High School: _____ Date of Graduation: _____

- e. I am a full-time active duty member of the armed forces, a member of a North Dakota National Guard unit, a member of the armed forces reserve component stationed in North Dakota, or a veteran as defined in NDCC Section 37-01-40. (Attach most recent military orders, or separation orders, or paperwork from Veterans Affairs.)

Branch: _____ Installation: _____

Date of termination of assignment (Anticipated Date if Active Duty): _____

- f. I am a spouse or a dependent of 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 component stationed in North Dakota. "Dependent" is defined as a person claimed as a dependent on the most recent federal tax return. (Attach a copy of the first page of your parent's or spouse's most recent federal income tax return and most recent military orders, or separation orders, or paperwork from Veterans Affairs.)

Name of spouse or parent: _____

Branch: _____ Installation: _____

Expected date of termination of that assignment: _____

- g. 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: _____

- h. 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: _____

- i. 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:

- j. I am a child, spouse, 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

Formatted for PDF with language approved during 2005 Legislative Session SB2076.