

IN-STATE TUITION CLASSIFICATION, UNIVERSITY OF COLORADO AT
COLORADO SPRINGS

COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING IN-STATE TUITION CLASSIFICATION

Carefully answer all questions. If appropriate, indicate or check NA. Failure to answer a question may result in your being misclassified or may cause delays that could affect your chances for admission. Month and year are sufficient for dates more than two years past. In addition to your own information, if you will not be 23 years of age on the first day of classes for the term for which you are applying, give parent or court-appointed guardian information.

Former and continuing University of Colorado students previously classified as out-of-state within the past three years must submit a separate "Petition for In-State Tuition Classification" to change their status. Petitions are available from the Office of the Registrar, (719) 262-3361, and must be submitted to that office before registration.

Student's Name:

Last First

Middle

University Student Number:

Social Security Number Student Number

Mailing Address:

Street

City State Zip Code
() -
Area Code Telephone

Permanent Address:

Street

City State Zip Code

Country

Age, and Birth Date:

____ / /
Age Month Day Year

Indicate the term for which you are claiming in-state status:

- Fall 20__ (begins late August) Spring 20__ (begins mid-January)
- Summer 20__ (begins early June or early July)

1. Are you a citizen of the United States? Yes No If not, are you a permanent resident? Yes No

2. List your most recent employers.

	Employer	City	State	From (Mo./Day/Yr.)	To (Mo./Day/Yr.)
#1	_____	_____	_____	____/____/____	____/____/____
#2	_____	_____	_____	____/____/____	____/____/____

3. Did you graduate from a Colorado high school? Yes No

Name of School _____ City _____

Date of Graduation (mo./yr.) ____/____

4. List all institutions of higher education you have attended. Attach an additional page if necessary.

Names of Institutions of Higher Education (First Attended to Last)	City	State	From (Mo./Day/Yr.)	To (Mo./Day/Yr.)
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____
_____	_____	_____	____/____/____	____/____/____

5. Parent/guardian name, relationship, address, and employment

Name: _____ Relationship: Parent Guardian Spouse

Street Address or P.O. Box: _____

City: _____ State: _____ Dates: ____/____/____ to ____/____/____

Most Recent Employer:

City: _____ State: _____ Dates: ____/____/____ to ____/____/____

For informational purposes, the phrase "your family" in the terms below designates your
 Parent Guardian

6. Dates of continuous physical residence in Colorado (mo./day/yr.)

YOU _____ / ____ / ____ to _____ / ____ / ____ NA
YOUR FAMILY _____ / ____ / ____ to _____ / ____ / ____ NA

7. Dates of absences from Colorado of more than two months in duration within the past two years (mo./day/yr.)

YOU _____ / ____ / ____ to _____ / ____ / ____ NA
YOUR FAMILY _____ / ____ / ____ to _____ / ____ / ____ NA

8. Dates of employment in Colorado (mo./day/yr.)

YOU _____ / ____ / ____ to _____ / ____ / ____ NA
YOUR FAMILY _____ / ____ / ____ to _____ / ____ / ____ NA

9. List exact years for which personal resident Colorado income tax returns were filed

YOU _____ NA
YOUR FAMILY _____ NA

10. Dates of active duty military service (mo./day/yr.)

YOU _____ / ____ / ____ to _____ / ____ / ____ NA
YOUR FAMILY _____ / ____ / ____ to _____ / ____ / ____ NA

10a. Dates stationed in Colorado (mo./day/yr.)

YOU _____ / ____ / ____ to _____ / ____ / ____ NA
YOUR FAMILY _____ / ____ / ____ to _____ / ____ / ____ NA

11. Dates you/your family member have had a Colorado driver's license (mo./day/yr.)

_____ / ____ / ____ NA

Issue date of previous Colorado license, if applicable (mo./day/yr.)

YOU _____ / ____ / ____ to _____ / ____ / ____ NA

12. List exact years of Colorado motor vehicle registration

YOU _____ NA
YOUR FAMILY _____ NA

13. Give state in which currently registered to vote

YOU _____ NA
YOUR FAMILY _____ NA

Dates of Colorado voter registration (mo./day/yr.)

YOU _____ / ____ / ____ to _____ / ____ / ____ NA
YOUR FAMILY _____ / ____ / ____ to _____ / ____ / ____ NA

14. Dates of ownership of a home in Colorado that is your/your family member's primary residence (mo./day/yr.)

YOU _____ / ____ / ____ to _____ / ____ / ____ NA
YOUR FAMILY _____ / ____ / ____ to _____ / ____ / ____ NA

15. Are your parents separated or divorced? Yes No NA

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal and may result in legal action.

Applicant's Signature: _____ Date: _____