

Residence Classification & Fee Processing Form

Disclaimer: This form is a supplement to the departmental programs.

First Name _____ M.I. _____ Last _____ Surname _____

S.S.N. # _____ - _____ - _____ DOB ____ / ____ / ____ Gender: M F Race (optional) _____

Phone: (_____) _____ - _____ Email: _____

Residence Information: Incomplete information will result in a preliminary determination of non – resident.

Legal state of residence _____ Have you lived in Indiana for the past 12 consecutive months? _____

Current address

Dates (MM/YYYY)	Location, City, State, Zip	County

Previous addresses up to 5 years

Dates (MM/YYYY)	Location, City, State, Zip	County

Citizenship: U – US Citizen P – Permanent Resident V – Visa (F-1, J1, J2, other)
If not a US citizen, country of citizenship _____

Educational History

School	Location (City, State)	Dates (MM/YYYY)	Degree Awarded

Employment History

Employer	Location (City, State)	Dates (MM/YYYY)

Educational Objectives

Academic Program (School you are applying to) / Degree _____

Academic Plan (major) _____ Semester _____ Year _____

School/Dept Use Only

Academic Program _____ Academic Plan _____

Semester: Fall Spring Sum I Sum II Year: _____

Status: Applicant Deny Admit Other _____

Graduate Office

Cash _____ Check _____ Money Order _____

Date Processed _____

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