

Application for Resident Classification

For admission and tuition purposes

The University of Northern Iowa requests the following information for the purpose of determining residence classification. No persons outside the university are routinely provided this information. A response is required for each item. If you do not provide the required information or documentation as noted, the University of Northern Iowa may not act on this application.

Please turn in the completed form and all supporting documentation to:

New or First Semester Students:

Office of Admissions 002 Gilchrist Hall Cedar Falls, IA 50614-0018

Current Students:

Office of the Registrar 115 Gilchrist Hall Cedar Falls, IA 50614-0006

___ University ID: ____ Name: __ (Last) (First) (Middle/Maiden) Current Address: _____ (Street) (City/State/Zip) Email: Phone: Birthplace: _____ 1. Birth Date: ______ (State/Country) 2. High School: _____ Year: (City/State) (Graduation Year) 3. Date you moved to lowa: _____ 4. Reason(s) for coming to Iowa: _____ Please answer the following questions: YES NO 5. Have you previously been an lowa resident? If so, when did you last reside in Iowa? YES _____ NO ____ 6. Are you a U.S. Citizen? If no, what is your current visa classification? If you are not a U.S. Citizen, but a permanent resident, please provide a photocopy of 1551 Resident Alien card (green card) 7. Are you a U.S. Veteran and/or member of the U.S. Military? YES _____ NO ____ YES _____ NO ___ 8. Are you a child, spouse, or domestic partner of a U.S. Veteran and/or member of the U.S. Military? YES _____ NO ___ 9. If yes to either 7 or 8 above, will you be receiving Post 9/11 V.A. benefits? 10. In what state are you registered to vote? **11.** Driver's License information: (Number) (State) (Issue Date) YES _____ NO ____ **12.** Are you employed? Employment Information: (Occupation) Hours/Week: ____ Start Date: _____ Employer's Name: ______ Address: _____ (City/State)

13. Are you currently enrolled at UNI?				YES	_ NO
If so, what is your classification (grad	e level)?				
14. During the past 12 months, were you enrolled at another college or university?				YES	NO
If so, what is the name of the college	or university?				
Indicate the semester/year and numl	per of credits you have	been enrolled in dur	ing the past 12 months	:	
Fall:	Spring:		Summer:	_	_
(Year) (C	redits)	(Year) (Credits)	(Year)	(Credits	5)
15. Did your parents/guardians clain	n you as a dependent o	n their last income ta	ax return?	YES	NO
If so, what year was the tax return from	om?				
Did they file an Iowa resident state income tax return for the last tax year?				YES	NO
Will they claim you as a dependent o	n their future income t	ax returns?		YES	NO
Parent 1 Information:					
,	lame)		(City/St	ate)	
Parent 2 Information:(A			(City/St	ate)	
16. With what state was your last ye	ar's state resident inco	me return filed?	. ,	·	
If you did not file an Iowa resident inc					
. , ,	, , , , , , , , , , , , , , , , , , , ,				
17. Are you married?				YES	NO
If no, skip to section 18					
If so, when did you get married? What is your spouse's full name?					
what is your spouse shall hame:	(First)	(Middi	le) (i	Last)	
Is your spouse an lowa resident?					NO
Is your spouse enrolled at UNI?					NO
Is your spouse employed?				YES	NO
spouse's Employment information: _		(Occupation			
Hours/Week:	Start Date:				
Employer's Name:		Address:	/c:t./ct		
			(City/St	ate)	
Spouse's Employment Information: _ Hours/Week: Employer's Name: 18. On a separate page, provide the A. Describe your sources of final support ended or will end. B. List your places of residence activity.	Start Date: following: ancial support. Indicate	Address: Address: _	(City/St	s; also indic	
activity.	aguld ba algesified sees	n lavva vasidant and a	what stone were house to	(on to set = 1-	dieb ve
 State why you believe you sl permanent residence in low 					-
employment verification, ta			оситента ін заррогі О	ı your appii	cation, such d
employment vermeation, ta					
I certify that the information contain	ned in this application i	s true, correct, and c	complete.		
Signature:			Date:		
For Office Use: Action: Do	ate:	UNI Official:			