

CENTRAL MICHIGAN UNIVERSITY
Application for *Change in Resident Status*
for Tuition Purposes

SPECIAL NOTE: Before you fill out this application, please refer to the Resident Status Policy to see if you qualify for a change in resident status. If you have any questions, please contact either Karen Hutslar (989 774-7226 or by e-mail at hutsl1ke@cmich.edu)

Return the completed application to: Karen Hutslar, Registrar's Office, Central Michigan University, Warriner 212, Mt. Pleasant, MI 48859

1. Name ^{Mr.} Ms. _____
(Last) (First) (Middle)

2. Area Code and Phone Number _____

3. Date of Birth ____/____/____ Place of Birth _____

4. Student ID Number _____ E-mail address _____

5. Check One: Undergraduate Student Graduate Student

6. Requesting resident status effective (check one): Fall ____ Spring ____ Summer ____ Year: _____

7. Have you previously submitted an Application for Resident Status?
Yes ___ No ___ If yes, term/year _____

8. a. Are you a U.S. Citizen? Yes ___ No ___

b. If "No", are you a Permanent Resident Alien? Yes ___ No ___

c. If you are not a U.S. Citizen or Permanent Resident Alien, indicate your current visa status: _____

9. Spouse Information:

a. Name _____
(Last) (First) (Middle)

b. Employed By _____ City _____ State _____

Job Title _____ Full or Part-time _____ Date Began ____/____/____

c. Enrolled At _____ City _____ State _____

Date Began ____/____/____ Full or Part-time _____ Resident Status _____

Authorized by: _____

Karen Hutslar

Date

* If you are authorized by the Registrar to complete a short form, please skip to question 16 on page 4.

10. Starting with the most recent, list in sequence your current and all previous addresses, **including vacation addresses**, for the past five years. Show addresses where you have physically resided, not “mailing” or “permanent” addresses. *Also list any Michigan addresses prior to this period.* (Continue on back of page if necessary.)

Street Address	City	State or Country	Zip Code	Date From (m/d/y)	Date To (m/d/y)

11. Parent Information:

a. Names of parents _____ (Father) _____ (Mother)

b. Current permanent address where they physically reside (*indicate effective dates of addresses from m/d/y/ to m/d/y*)

Father:

Mother:

c. If applicable, all previous Michigan addresses (*note the effective dates of each-from m/d/y to m/d/y*)

Father:

Mother:

12. List in sequence all schools you have attended during the past six years, including CMU and secondary schools. (Start with the most recent)

College/School	Location	Dates Attended (from m/d/y to m/d/y)	Full or Part-time	Degree Earned	Resident Status

13. List in sequence all employers you have had during the past three years. (Start with the most recent.)

Employer	Position Title	Address	Dates Worked (from m/d/y to m/d/y)	Full or Part-time	\$ Amount Earned

14. For the following years, indicate the source(s) of your TOTAL financial support:

Year	Name of Source	Address	Relationship to you	\$ Amount or Percent of Support
9/07 to 9/08				
9/08 to 9/09				
For the year 9/09-9/10 list the expected source(s) of your TOTAL financial support and indicate dollar amounts				
9/09 to 9/10				

15. Were you claimed as a dependent on any person's federal or state income tax return during either (or both) of the past two tax years? No ___ Yes ___ If "yes", list year(s): _____ and indicate the name and address and the relationship of that person to you:

(Name)	(Relationship)
(Address)	(City) (State) (Zip Code)

16. Applicant's Statement:

Make a brief, but complete, statement covering:

- a. Your purpose in coming or returning to Michigan
- b. Your career goals and how they relate to your remaining in Michigan after completion of your academic pursuits.
- c. Any other facts relevant to your establishment of a permanent domicile in Michigan. Please cite the factors from the University Resident Status Policy which support your appeal.

17. Certification:

"I hereby certify the information given in this application and in all attachments is true, correct and complete to the best of my knowledge. I understand this information is subject to audit and falsification of a University record may be grounds for legal or disciplinary action. I authorize Central Michigan University to verify all facts relevant to my claim to resident status, including verification of income tax information and records filed with the Michigan Department of Treasury."

Signature of Applicant _____ Date ____/____/____

TO BE COMPLETED BY THE STUDENT Please print plainly, in the space below, your name and the address at which you wish to receive notice of action taken on your application to be classified as a Michigan resident. **IT IS YOUR RESPONSIBILITY TO KEEP THIS ADDRESS CURRENT.**

(Name)

(Number) (Street)

(City) (State) (Zip Code)

Campus ID Number _____

The following documentation ***must*** be submitted with the application unless you have submitted a short form. (Applicants are also responsible for providing any other documentation necessary to support their claim to resident eligibility. Additional documentation may be requested by Central Michigan University.)

- ***for all applicants:*** a copy of the driver's license of the applicant and of the person or persons upon whom the applicant is basing the claim to resident eligibility
- ***for all applicants:*** copies of the front and signature pages of the most recent year's federal and state income tax returns and W2s for the applicant and the person or persons upon whom the applicant is basing the claim to resident eligibility
- ***for applicants born outside the U.S.:*** verification of U.S. citizenship or visa status
- ***for applicants who are dependents:*** copies of the front and signature pages of the parents' most recent year's federal and state income tax returns
- ***for an applicant whose claim to eligibility for resident status is based on permanent, full-time employment for themselves, a parent or spouse:*** a letter from the employer, written on letterhead (including phone number), stating the position, status and dates of employment. The letter should be accompanied by a copy of the most recent pay stub showing Michigan income taxes being withheld.

PLEASE DO NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY CENTRAL MICHIGAN UNIVERSITY

Effective Fall Spring Summer Year: _____

Approved _____ Date _____

Denied _____ Date _____

Comments

c: _____ Office of International Education
_____ Office of Scholarships and Financial Aid
_____ Receivable Accounting Office

Form 07-2009