

Please refer to the Resident Status Policy to see if you qualify for a change in resident status. If you have any questions, contact Keith Malkowski Ph: (989) 774-7226 or email malko1kj@cmich.edu

Return completed application to: Keith Malkowski

Registrar's Office CMU Warriner Hall 212 Mt Pleasant. MI 48859

	Mt Pleasant, MI 48859	
Mr. 1.Name 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:	Student   Graduate Student	CMED
6. Requesting resident status effective	ve (check one): Fall Spring	SummerYear:
7. Have you previously submitted an Yes No If yes, term/year	Application for Resident Status?	
8. a. Are you a U.S. Citizen? Yes b. If "No", are you a Permanent R c. If you are not a U.S. Citizen or I	Resident Alien? Yes No	our current visa status:
9. Spouse Information:		
a. Name		(A*: 1.11.)
(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:		
Keith Malkowski		Date

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

10. <u>Starting with the most recent</u>, 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. (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)

Parent Information:     a. Names of parents	(Father)	(Mother)
	ess where they physic	ally reside (indicate effective dates of addresses
from m/d/y/ to m/d/y)	<u>Father</u> :	<u>Mother</u> :
c. If applicable, all previous	Michigan addresses <u>Father:</u>	(note the effective dates of each-from m/d/y to m/d/y) <u>Mother</u> :

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

Employer		Position Title		Address		Dates Worked (from m/d/y to m/d/y)	Full or Part- time	\$ Amount Earned
14 For the follo	owing years, indic	rate the sou	irce(s) of vo	our TOTAL financial s	unnort			
14. FOI THE TOIL	Jwing years, maic	ate the soc	irce(s) or yo	di TOTAL ililandiai s	иррог	•		
Year	Name of S	ource		Address	Relationship to you		\$ Amount or Percent of Support	
For the curre	ent year, list the	expected s	source(s) o	f your TOTAL finand	cial su	pport and inc	dicate d	ollar
	<u> </u>					<u> </u>		
the past two tax		Yes	If "yes", list	federal or state incoryear(s):				
	(Name)			(R	elation	ship)		
(Address)			(City)	(S	tate)		(Zip C	ode)

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

<ul> <li>16. Applicant's Statement: Make a brief, but complete, statement covering: <ul> <li>a. Your career goals and how they relate to your remaining in the United States after completion of your academic pursuits.</li> <li>b. Any other facts relevant to your establishment of a permanent domicile in the United States. Please cite the factors from the University Resident Status Policy which support your appeal.</li> </ul> </li> </ul>

## 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.

Signature of Applicant _	Date _	//

<u>TO BE COMPLETED BY THE STUDENT</u> 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)								
/N	/Ot	.4\						
(Number)	(Stree	PT)						
(City)			(State)			(Zip Coo	de)	
Campus	ID Number _							
The follow	ving docume	ntation <u>must</u> be	e submitted with the	e applic	ation <u>unless</u> y	you have subi	mitted a short form.	
(Applican	ts are also re	esponsible for p	roviding any other	docume	entation neces	ssary to supp	ort their claim to	
resident e	eligibility. Ad	ditional docume	entation may be red	quested	by Central M	ichigan Unive	ersity.)	
e for to	pplicant is bacter all applications and Workston resident elignor applicant ear's federal or an application and application an	asing the claim ants: copies of 2s for the application of 2s for the application of 2s born outsides who are depincome tax returns whose claim for themselvement whose start whose claim of themselvement of themselvement whose start whose claim for themselvement whose claim of themselvement whose start whose claim for themselvement whose claim of the start whose claim for themselvement whose start whose claim of the sta	to resident eligibility the front and signal cant and the person the U.S.: verification endents: copies of the urns from the eligibility for s, a parent or spontating the position, see most recent pays EASE DO NOT WE	ture pagen or per on of U the from the	ges of the more sons upon when the status is the letter from the letter from the letter of the letter from the	st recent year hom the appli o or visa statu ure pages of the pased on per e employer, we mployment. To States income	he parents' most rec <b>manent, full-time</b> rritten on letterhead	ax laim cent
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Effective			Summer $\square$				_	
Approved	<u> </u>	D	ate					
Denied _		D	ate					
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	Student Acc	count Services a	and University Billir	ng				

Form 09-2018