

PURDUE UNIVERSITY

Instructions for Completing the Residence Classification Form

It is very important that you and/or your parent(s) (if you are unemancipated) read this instruction sheet before completing the Residence Classification Form.

General Information for All Students

1. The applicant should respond in full to each item on the application. An application with missing or incomplete information will not be reviewed until all necessary documents have been submitted.
2. The application must be signed and dated by the applicant or parent or it will be returned unprocessed.
3. The applicant must provide the requested documentation (i.e., copies of driver's license, automobile registration, income tax return, W-2's, lease/mortgage, voter's registration card, and bank account statement, etc.) with the classification form. All copies should be clearly legible.
4. Return the form and all documents to:

If Undergraduate, Pharmacy, or Veterinary
Medicine student - new applicant:

Office of the Registrar

Purdue University
610 Purdue Mall
West Lafayette, IN 47907-2040
(765) 494-8581

If Graduate student – new applicant:

Graduate School

Purdue University
157 S. Grant Street
West Lafayette, IN 47907-3572
(765) 494-6963
(765) 494-2599

If Continuing student – Graduate,
Pharmacy, Veterinary Medicine, or
Undergraduate:

Office of the Registrar

Purdue University
610 Purdue Mall
West Lafayette, IN 47907-2040
(765) 494-8581

Students attending regional campuses should return their residence classification form and all accompanying documentation to the appropriate office on that campus

5. According to University Regulations, a “student’s application for classification as a resident shall be submitted in writing on a form supplied by the [appropriate office] any time after the domicile requirement, including one year of residence, has been met, but no later than fifteen [15] days after the day on which classes begin for the academic session for which reclassification is sought.”
6. Upon receipt by the appropriate office, the completed application and supporting materials will be reviewed. Within 30 days of the date received, a letter containing a decision or a request for additional information will be sent to the applicant’s address.
7. Your student identification number generally is the same as your PUID number.

Emancipated Students

- 1 Complete Section I: Student Data (Items 1 - 23)
- 2 Read the Certification by Student; sign and date the application.

Unemancipated Students

- 1 Complete Section I: Student Data (Items 1 - 15)
- 2 Parents must complete Section II: For Parent or Guardian Providing Financial Support to Student (Items 24 - 30)
- 3 Parent or guardian read the Certification by Parent or Guardian; sign and date the application.

(over)

Required Documentation for Emancipated Students

If you are an emancipated student (do not depend on your parents for support and are not claimed by them as a dependent on their income tax return), you should complete Items 1 - 23. The following documentation is required:

- 1 a copy of your driver's license
- 2 a copy of your car registration
- 3 a copy of your most recent state income tax return with W-2's*
- 4 a copy of your lease/mortgage agreement for the past year
- 5 a copy of your voter's registration card
- 6 a copy of your most recent bank statement
- 7 a copy of your permanent resident card/temporary visa (if applicable)
- 8 a copy of your military Leave and Earnings Statement(s) (if applicable)
- 9 a statement from your employer indicating your date of employment and a copy of your most recent pay stub

Depending on your situation, other documentation may be requested.

Required Documentation for Unemancipated Students

If you are an unemancipated student (depend on your parent(s)/guardian(s) for support), you should complete Items 1 - 15 and your parent(s)/guardian(s) should complete Items 24 - 30. The following documentation is required:

- 1 a statement from a parent's/guardian's employer indicating when employment began and a copy of your parent's/guardian's most recent pay stub
- 2 a copy of a parent's/guardian's driver's license
- 3 a copy of a parent's/guardian's car registration
- 4 a copy of a parent's/guardian's most recent state income tax return with W-2's*
- 5 a copy of a parent's/guardian's lease/mortgage agreement for the past year
- 6 a copy of a parent's/guardian's voter's registration card
- 7 a copy of a parent's/guardian's most recent bank statement
- 8 a copy of a parent's/guardian's permanent resident card/temporary visa (if applicable)
- 9 a copy of a parent's/guardian's military Leave and Earnings Statement(s) (if applicable)

Depending on your situation, other documentation may be requested.

***For residence status beginning with a summer or fall session: please include a copy of the state income tax return for the previous year.**

For residence status beginning with a spring session: please include a copy of the most recent state income tax return and a copy of a December pay stub with year-to-date information.

A student not satisfied with the initial written determination concerning his/her residence classification may appeal the decision to the Residence Review Committee. The written appeal, including reasons supporting the appeal, may be forwarded to: Chair, Residence Review Committee, Purdue University, 475 Stadium Mall Drive, West Lafayette, IN 47907-2050. A student who submits a written appeal may be invited to appear before the Residence Review Committee at the West Lafayette campus.

PURDUE UNIVERSITY
**RESIDENCE CLASSIFICATION INFORMATION
 FOR TUITION PURPOSES**

(Please print)

Resident status requested beginning: ___ Fall ___ Spring ___ Summer Year _____

SECTION I: STUDENT DATA

1. Name _____ Student I.D. number _____
(last) (first) (middle) (See instruction sheet)

2. Date of birth ____/____/____ Place of birth _____
(month) (day) (year) (state) (country)

3. U.S. citizen Yes No
 If no, Permanent Resident _____ Temporary Visa _____
(resident number) (date issued) (state issued in) (type)

4. Student status New student Continuing student Re-entering student

5. Student level Undergraduate Graduate Veterinary Medicine Nondegree

6. Current local address _____ Telephone (____) _____
(number) (street) (apt #) (city) (state) (zip code)

7. Permanent home address _____ Telephone (____) _____
(number) (street) (apt #) (city) (state) (zip code) (county)

8. Marital status Single Married (Note: If **not** married, go to Item 15)

9. Name of spouse _____
(last) (first) (middle)

10. Date of marriage ____/____/____
(month) (day) (year)

11. Spouse enrolled at an educational institution Yes No If yes, _____
(institution name)
 Enrollment began ____/____ Current status Full-time Part-time
(month) (year)

12. Spouse currently employed Yes No If yes, _____
(employer name)

13. Dates of spouse's current employment ____/____ to ____/____ \$ _____
(month) (year) (month) (year) (monthly earnings)
 Occupation _____ Full-time Part-time

14. Spouse resides in Indiana Yes No If no, _____
(state)

15. List dates of attendance, locations, and degrees received (if applicable) from high schools, colleges, or universities you have attended.

Dates (month/year)	Full-time	Part-time	Institution	City	State	Degree Earned
/ to /						
/ to /						
/ to /						

16. List all sources of financial support other than employment income (i.e., parental support, valuable gift such as a car, savings, inheritance, trusts, financial aid [grants, scholarships, loans], etc.). *Documentation required (i.e., notarized written statements, financial statements, award letters, etc.).*

Type of Financial Support	Source of Financial Support	Date Rec'd (month/year)	Amount
		/	
		/	
		/	
		/	

17. Indicate beside each item below where and when these actions were most recently done; if these actions have never been taken, indicate with n/a. **Attach a copy of each item to this form.**

	Where (state)	When (month/year)
Acquired a driver's license	_____	____ / ____
Registered and licensed a motor vehicle	_____	____ / ____
Filed state resident income tax return and W-2's	_____	____ / ____
Acquired real estate or signed a lease for principal dwelling	_____	____ / ____
Registered to vote	_____	____ / ____
Established a bank account	_____	____ / ____
Acquired permanent resident card/temporary visa (if applicable)	_____	____ / ____

18. Military personnel: *Provide two copies of your Leave and Earnings Statement: 1) most recent; 2) twelve months prior*

19. Locations and dates where you have resided during the last two (2) years

City	State	Dates (month/year)	Primary Activity
		/ to /	
		/ to /	
		/ to /	
		/ to /	

20. Address of parent/guardian _____
(number) (street) (apt. #)

(city) (state) (zip code) (county)

21. Parent/Guardian residence your permanent home Yes No
 If no, when did parent/guardian residence cease to be your permanent home _____ / _____
(month) (year)

22. Parent/Guardian claim you as a tax exemption for the last tax year Yes No

23. List dates of employment, employers, locations of employers, and gross income during the last two (2) years. *(Provide copies of pay stubs, W-2's, employers' written statements, etc.).*

Dates (month/year)	Employers	State	Full-time	Part-time	Gross Income
/ to /					
/ to /					
/ to /					
/ to /					
/ to /					

CERTIFICATION BY STUDENT

I understand that for resident consideration, I must apply within fifteen (15) days of the first day of classes of the term for which resident classification is sought.

I understand that a student or prospective student who shall knowingly provide false information or shall refuse to provide or shall conceal information for the purpose of improperly achieving resident student status shall be subject to the full range of penalties, including expulsion, provided for by the University, as well as to such other punishment which may be provided for by law.

I, the undersigned, hereby certify and affirm, under the penalties for perjury, that I have read the foregoing form entitled RESIDENCE CLASSIFICATION INFORMATION FOR TUITION PURPOSES and that the responses and information contained therein are true, accurate, and complete.

(signature of student) (month) (day) (year)

SECTION II: FOR PARENT OR GUARDIAN PROVIDING FINANCIAL SUPPORT TO STUDENT

24. Parent Guardian (A copy of legal guardianship document is required.)

Name _____ Telephone (_____) _____

Address _____
(number) (street) (apt. #)

(city) (state) (zip code) (county)

Inclusive dates at this address _____ / _____ / _____ to _____ / _____ / _____
(month) (day) (year) (month) (day) (year)

25. Parent or guardian of _____
(student name)

26. U.S. citizen Yes No

If no, Permanent Resident _____ (resident number) _____ (date issued) _____ (state issued in) Temporary Visa _____ (type)

27. Parent or guardian employment; A statement from employer including beginning date, position, status (permanent/temporary) is required.

	Dates (month/year)	Employers	State	Full-time	Part-time
Father or Guardian	/ to /				
	/ to /				
Mother or Guardian	/ to /				
	/ to /				

28. Parent or guardian physically resides in Indiana Yes since _____ / _____ / _____ No
(month) (day) (year)

29. Indicate beside each item below where and when these actions were most recently done; if these actions have never been taken, indicate with n/a. **Attach a copy of each item to this form.**

	Where (state)	When (month/year)
Acquired a driver's license	_____	_____ / _____
Registered and licensed a motor vehicle	_____	_____ / _____
Filed state resident income tax return and W-2's	_____	_____ / _____
Acquired real estate or signed a lease for principal dwelling	_____	_____ / _____
Registered to vote	_____	_____ / _____
Established a bank account	_____	_____ / _____
Acquired permanent resident card/temporary visa (if applicable)	_____	_____ / _____

30. Military personnel: Provide two copies of your Leave and Earnings Statement: 1) most recent; 2) twelve months prior

CERTIFICATION BY PARENT OR GUARDIAN

I understand that for resident consideration, a student must apply within fifteen (15) days of the first day of classes of the term for which resident classification is sought.

I understand that a person who shall knowingly provide false information or shall refuse to provide or shall conceal information for the purpose of improperly achieving resident student status shall be subject to the full range of penalties which may be provided for by the law.

I, the undersigned, hereby certify and affirm, under the penalties for perjury, that I have read the foregoing form entitled RESIDENCE CLASSIFICATION INFORMATION FOR TUITION PURPOSES and that the responses and information contained therein are true, accurate, and complete.

(signature of parent or guardian) (month) (day) (year)

FOR UNIVERSITY USE ONLY

ACTION (to be completed by the appropriate University official)

Approved _____ Date _____

Denied _____ Date _____

Basis for decision

Residence code _____ Effective session _____

Comments: