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| WCUlogosq  **North Carolina Residence**  **& Tuition Status Application** |  | |  | | --- | | ------ For Office Use Only ----- | |

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| **GUIDELINES FOR DETERMINATION OF IN-STATE RESIDENCE STATUS FOR TUITION PURPOSES**  This document is for the purpose of providing students with basic information used in the determination of in-state status for tuition purposes. This document is not all-inclusive in its presentation of residency criteria. All decisions concerning classification of students as legal residents of North Carolina for tuition purposes are made according to North Carolina law (G.S. 116-143.1 and 116-143.3) as outlined in the Manual to Assist the Public Higher Education Institutions of North Carolina in the Matter of Student Residence Classification for Tuition Purposes. To be eligible for classification for in-state status for tuition purposes, a person must establish that his/her presence in the state is for the purpose of maintaining a bona fide domicile and not a temporary residence incident to enrollment in an institution of higher education. Mere physical presence for 12 months is not sufficient for qualification. Criteria to determine North Carolina residency for tuition purposes include, but are not limited to:  If the student is at least 18 years old, and financially independent (is not claimed as a dependent on anyone else’s income tax, and does not receive financial support from parent or legal guardian), the student must:   * Have been physically present in the state for a minimum of 12 months and have a permanent home in North Carolina where he/she resides on a permanent basis. * Have filed state and federal income taxes in North Carolina during the past 12 months. * Have acquired a North Carolina driver’s license and registration and insured a motor vehicle in North Carolina within a reasonable amount of time subsequent to establishing domicile in the state. * Show that he/she has personally financed the past 12 months in North Carolina. * If the student is a dependent (receives financial support from parents or legal guardian), the parents or legal guardian must meet all criteria listed above.   No one of the above criteria is an absolute in qualification or non-qualification for residency for tuition purposes. A preponderance of the evidence is used in determining residence status. **PLEASE INCLUDE SUPPORTING DOCUMENTATION FOR YOUR CLAIM.** | | | |
| For further information you may contact: | | | |
| New Undergraduate Students | Continuing Undergraduate Students | New & Continuing Graduate Students |
| Office of Admissions 102 Cordelia Camp Building Cullowhee, NC 28723 [admiss@wcu.edu](mailto:admiss@wcu.edu)  (828) 227-7317 | Registrar's Office 206 Killian Annex Cullowhee, NC 28723 [registrar@wcu.edu](mailto:registrar@wcu.edu) (828) 227-7216 | Graduate School 110 Cordelia Camp Building Cullowhee, NC 28723 [grad@wcu.edu](mailto:grad@wcu.edu) (828) 227-7398 |
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| **WESTERN CAROLINA UNIVERSITY APPLICATION FOR CLASSIFICATION AS A LEGAL RESIDENT OF NORTH CAROLINA FOR TUITION PURPOSES**  Under North Carolina law, a person may qualify as a resident for tuition purposes in North Carolina, thereby being eligible for a tuition rate lower than that for nonresidents. Copies of the applicable law and of implementing regulations are available for inspection in the Office of Undergraduate Admissions and the Graduate School and may be examined upon request. In essence, the controlling North Carolina statute (G.S. 116-143.1) requires that “To qualify as a resident for tuition purposes, a person must have established legal residence (domicile) in North Carolina and maintained that legal residence for at least 12 months immediately prior to his or her classification as a resident for tuition purposes.” **Note that mere physical presence is not sufficient for reclassification**. These provisions include special rules with respect to persons who are married, in the armed forces, or who are within identified subclasses of minors. Certain aliens may also qualify for resident tuition status. The residence manual, located at the offices identified in this paragraph, should be consulted for the statutory and related regulatory conditions.  **DIRECTIONS**  1. Respond to all questions within the part(s) of the form that you are to complete.  **Please answer ALL questions. If any question is not applicable to your situation, write “NOT APPLICABLE” or “N/A.”**  **2. Print or type all responses**. If necessary, write “see attached” in the space provided and use separate additional sheets, numbering your responses the same as the corresponding question and stapling or taping these sheets to this application form.  3. Be completely accurate to the best of your knowledge and understanding. Knowing falsification of your responses my subject you to disciplinary action including dismissal from the institution. **When the “date” is requested, give** **day, month, and year.**  **4. Sign and date** this application where indicated to make those acknowledgments and certifications necessary to render this a viable application.  **5. Complete the affidavit.** |

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| **Applicant Information** | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s Full Name: | | | | |  | | | | | | | , | |  | | | |  | |  | | | |
|  | | | | | *Last Name* | | | | | | |  | | *First Name* | | | |  | | *Middle Name* | | | |
|  | | | | | Previous or Maiden Name: | | | | | | |  | | | | | | | | | | | |
| Student ID #: |  |  | | | | | | | | |  | SSN: | | |  | | | | | | | No SSN: | |
| *(If not a US Citizen, please attach a copy of your visa.)* | | | | | | | | | | | | | Citizenship: | | | | | | | |  | | |
| Date of Birth: |  | | | | | / |  | | / |  | | | Place of Birth: | | | | | | | |  | | |
|  | *Month* | | | | |  | *Day* | |  | *Year* | | |  | | | | | |  | | |  | |
| University Assigned Email Address: | | | | | | | |  |  | | | | | | | | | | | | | | |
| Daytime Phone: | | |  | (     ) | | | | | | | | | | | |  | Is this a cell phone: | | | | | | Yes / No (circle) |
| Evening Phone: | | |  | (     ) | | | | | | | | | | | |  | Is this a cell phone: | | | | | | Yes /No (circle) |

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| Address while attending institution (current): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addr Line 1: | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addr Line 2: | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | |  |  | | | | | | | State: | | | | | | | |  | | | | | Zip: | | | | | | |  | | | | | - | |  | | | | |
|  | | |  | If non US Address | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | |  | Providence/Country: | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | ( |  | | | / |  | / |  | | | | ) |  | | To: | | | | | ( |  | | | | / | | | |  | | | | | | / | | | |  | ) | | |
|  |  | *month* | | |  | *day* |  | *year* | | | |  |  | |  | | | | |  | *month* | | | |  | | | | *day* | | | | | |  | | | | *year* |  | | |
| Permanent Home Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addr Line 1: | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addr Line 2: | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | |  |  | | | | | | | State: | | | | |  | | | | | | | Zip: | | | | |  | | | | | | - | | |  | | | | |
|  | | |  | If non US Address | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | |  | Providence/Country: | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | ( |  | | | / |  | / |  | | | | ) |  | | To: | | | | | ( |  | | | | / | | | |  | | | | | | / | | | |  | ) | | |
|  |  | *month* | | |  | *day* |  | *year* | | | |  |  | |  | | | | |  | *month* | | | |  | | | | *day* | | | | | |  | | | | *year* |  | | |
|  | | |  |  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Previous Home Address in North Carolina: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addr Line 1: | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addr Line 2: | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | |  |  | | | | | | | State: | | | | | |  | | | | | Zip: | | | |  | | | | | | - | |  | | | | | | |
|  | | |  | If non US Address | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | |  | Providence/Country: | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | ( |  | | | / |  | / |  | | | | ) |  | | To: | | | | | ( |  | | | | / | | | |  | | | | | | / | | | |  | ) | | |
|  |  | *month* | | |  | *day* |  | *year* | | | |  |  | |  | | | | |  | *month* | | | |  | | | | *day* | | | | | |  | | | | *year* |  | | |
| Last Home Address in Outside North Carolina: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addr Line 1: | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addr Line 2: | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | |  |  | | | | | | | State: | | | | |  | | | | | | Zip: | | | | |  | | | | | | - |  | | | | | | |
|  | | |  | If non US Address | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | |  | Providence/Country: | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | ( |  | | | / |  | / |  | | | | ) |  | | To: | | | | | ( |  | | | | / | | | |  | | | | | | / | | | |  | ) | | |
|  |  | *month* | | |  | *day* |  | *year* | | | |  |  | |  | | | | |  | *month* | | | |  | | | | *day* | | | | | |  | | | | *year* |  | | |

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| Are you currently enrolled in this institution? | | |  | Are you applying for admission? | | |  |
| Indicate the earliest term and year in which you want this decision to apply? | | | | | |  | |
| Why did you move to North Carolina? |  | | | | | | |
| What date did you move to North Carolina? | |  | | | | | |
| When did you claim your legal residence in North Carolina began: | | | | |  | | |

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| Has your residence status for tuition purposes been previously determined by a North Carolina public educational institution? | | | | | | | | | |
|  | | | |  | | | |  | |
| If yes, | (a) Name of Institution: | |  | | | |  | | |
|  | (b) Classification: |  | | | |  | | | |
|  | (c) Last term and year you were classified: | | | |  | | | |  |

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| Secondary (high or preparatory) schools you attended in sequence? | | | | |
| Name | | Address (Place & State) | From | To |
| (a) |  |  |  |  |
| (b) |  |  |  |  |
| (c) |  |  |  |  |
| (d) |  |  |  |  |

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| List ***ALL*** post-secondary schools (universities, colleges, junior colleges, community colleges, etc.) you have attended , in sequence (*including* this institution): | | | | |
| Institution | | Address (Place & State) | From | To |
| (a) |  |  |  |  |
| (b) |  |  |  |  |
| (c) |  |  |  |  |
| (d) |  |  |  |  |

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| If marries, post-secondary schools (universities, colleges, junior colleges, community colleges, etc.) your spouse has attended , in sequence (*including* this institution): | | | | |
| Institution | | Address (Place & State) | From | To |
| (a) |  |  |  |  |
| (b) |  |  |  |  |
| (c) |  |  |  |  |
| (d) |  |  |  |  |

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| Father Living? |  | | Name: |  | Occupation: |  | | |
| Permanent Home Address: | |  | | | | | Since: |  |

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| Mother Living? |  | | Name: |  | Occupation: |  | | |
| Permanent Home Address: | |  | | | | | Since: |  |

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| Parents separated or divorced? | | |  | | Who has/had custody of you? | |  | | | | | |
|  | | | | | | | | | | | | |
| Legal Guardian? |  | | Name: |  | | Occupation: | |  | | | | |
| Permanent Home Address: | |  | | | | | | | | Since: | |  |
| Court Appointed At (place): | |  | | | | | | | Date: | |  | |

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| If married, your spouse's name: | | | | | |  | | | | | | | | | |
| Occupation: | |  | | | | | | | | Employer: | |  | | | |
| Permanent Address: | | |  | | | | | | | | | | Since: | |  |
| Last previous permanent home address outside NC: | | | | | | | |  | | | | | | | |
| From: |  | | | To: |  | | |
| Present legal residence (domicile) is (State) | | | | | | |  | | Since: | |  | | |

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| Who (including yourself) last claimed you as an exemption in state and/or federal income returns, for what tax year, and in what state? | | | | | | | | | | | | | | |
| (a) On state return for | | |  | | tax year, filed in (state) | | |  | | on | |  | | |
|  | Name |  | | | | | | Relationship to you? | | | | | |  |
| (d) On federal return for | | | |  | | | tax year, files in (state) | |  | | on | |  | |
|  | Name |  | | | | | | Relationship to you? | | | | | |  |
| (c) Does anyone intend to claim you as a dependent on state and/or federal income tax returns for the current tax year? | | | | | | | | | | | | | | |
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| List in chronological order to date of this application *all* places you have spent at least 7 consecutive days during the past three years. Your response must include your current address, all other places lived, and vacations. | | | | |
| Place (City & State) | | Occupation or Purpose | From | To |
| (a) |  |  |  |  |
| (b) |  |  |  |  |
| (c) |  |  |  |  |
| (d) |  |  |  |  |

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| If marries, list in chronological order to date of this application all places your spouse has spent at least 7 consecutive days during the past three years. Your response must include your current address, all other places lived, and vacations. | | | | | | | | | | | | | | | | |
| Place (City & State) | | | | Occupation or Purpose | | | | | | | From | | | | To | |
| (a) |  | | |  | | | | | | |  | | | |  | |
| (b) |  | | |  | | | | | | |  | | | |  | |
| (c) |  | | |  | | | | | | |  | | | |  | |
| (d) |  | | |  | | | | | | |  | | | |  | |
| When and where (state or foreign country) did you do each of the following during the last 24 months? List *each* time you did each such act (If not done within the last 24 month, list where and when such acts were done the last time you did them; if never done at all, write "never"): | | | | | | | | | | | | | | | | |
|  |  |  | | | Where/Month/Day/ Year | | | Where/Month/Day/ Year | | | | | | Where/Month/Day/ Year | | |
| (a) | Registered to vote | | | |  | | |  | | | | | |  | | |
| (b) | Voted | | | |  | | |  | | | | | |  | | |
| (c) | Called to serve on jury duty | | | |  | | |  | | | | | |  | | |
| (d) | Acquired or renewed driver's license | | | |  | | |  | | | | | |  | | |
| (e) | Acquired ownership of property for use as your principle dwelling | | | |  | | |  | | | | | |  | | |
| (f) | Inclusive dates of such property ownership: | | | |  | | |  | | | | | |  | | |
| (g) | Filed state intangibles tax return | | | |  | | |  | | | | | |  | | |
| (h) | Listed personal property for taxation in the county where you live | | | |  | | |  | | | | | |  | | |
| (i) | Filed state income tax return | | | |  | | |  | | | | | |  | | |
|  | Did you file as a resident or nonresident? | | | |  | | |  | | | | | |  | | |
| (j) | Had state income tax withheld during the current tax year? | | | |  | | | States: | | | |  | | | | |
|  | Beginning | | | |  | | | | | | | |  | | | |
|  | During the previous year? | | | |  | | State(s): | |  | | | | | Date: | |  |
|  | Was the entire amount withheld refunded to you? | | | | |  | | |  | | | | |  | | |
| (k) | Registered/licensed a motor vehicle (car, truck, or other requiring license): | | | | | | | | | | | | | | | |
|  | Type of Vehicle (List all) | | Where registered/licensed | | | | | | | Date | | | | | | |
|  |  | |  | | | | | | |  | | | | | | |
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| The car(s) or other motor vehicles which you maintain and operate in NC are owned by: | | | | | |
| Name: |  | | Address: | |  |
| Registered/licensed in (state or foreign country: | | | |  | |
| Insured in the name of: | |  | Address: | |  |

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| List all the addresses at which you own and maintain personal property (clothing, furniture, cars, boats, checking or savings account, stocks, bonds, pets, jewelry, appliances, etc.) and give percentage of value (of total personal property) maintained at each address: | | |
| Address | | % at this address |
| (a) |  |  |
| (d) |  |  |

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| List your employment for wages in the past 24 month: | | | | | | |
|  | Job Title | Employer | Address (place & state) | Dates  From To | | Hours Per Week |
| (a) |  |  |  |  |  |  |
| (b) |  |  |  |  |  |  |
| (c) |  |  |  |  |  |  |

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| If married, list your spouse's employment for wages in the past 24 month: | | | | | | | | | | | | | | |
|  | Job Title | | Employer | | | Address (place & state) | | | | Dates  From To | | | Hours Per Week | |
| (a) |  | |  | | |  | | | |  | |  |  | |
| (b) |  | |  | | |  | | | |  | |  |  | |
| (c) |  | |  | | |  | | | |  | |  |  | |
| Of the total money required to meet your expenses, what percentage came from each of the following sources and what was it used for? | | | | | | | | | | | | | | |
| Preceding calendar year :Jan. – Dec. | | | | | | |  | Current calendar year: Jan. – Dec. | | | | | |  |
| Source | | % of Total | | | Used For | | |  | % of Total | | Used For | | | |
| Your earnings | |  | | |  | | |  |  | |  | | | |
| Your savings | |  | | |  | | |  |  | |  | | | |
| Parent(s) or Guardian | |  | | |  | | |  |  | |  | | | |
| Name | |  | | | | | | | | | | | | |
| Other (specify): | |  | |  | | | |  |  | |  | | | |
| **TOTAL** | | 100% | |  | | | |  | 100% | |  | | | |

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| (a) | Have you or either of your parents been in active military service within the past two years? | | | | | | | | | | | |  | | | |
| If so, for each such person, ATTACH copies of the "Leave and Earnings Statements" for the most recent pay period and for the pay period 12 months ago. | | | | | | | | | | | | | | | | |
| (b) | If you or either of your parents have been in active military service or other federal government employment within the past two years, answer the following for each such person: | | | | | | | | | | | | | | | |
| Name(s): | |  | | | | | Relationship to you: | | | | |  | | | | |
| Home address upon entry: | | |  | | | | | | | | | | | | | |
| Official "home of record": | | |  | | | | | | | | | | | | | |
| Official current home address: | | |  | | | | | | Date address was declared: | | | | | | |  |
| Home address upon discharge: | | |  | | | | | | | Discharge Date: | | | | | |  |
| Legal residence most recently claimed on DD Form 2058 (State of Legal Residence Certificate): | | | | | | | | | | |  | | | | | |
| Date that DD Form 2058 was completed: | | | | |  | Place mileage was paid upon discharge: | | | | | | | | |  | |
| State for which income tax withheld: | | | |  | | From what date? | |  | | | | | |  | | |

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| Answer the questions below for each of the following individuals: | | | | | | | | | | | |
| - | Your parents (or legal guardian) if you now live with them or have lived with them in the past 24 months OR if they have claimed you as a dependent for tax purposes in the past 24 months. Answer this question for you *father* unless your parents are separated or divorced. If your parents are separated or divorced, answer the question for both parents. | | | | | | | | | | |
| - | Any other person who has claimed you as a dependent for tax purposes within the past 24 months. | | | | | | | | | | |
| (a) | Name(s): | |  | | | | | | Relationship to you: | |  |
|  | Permanent home address: | | | |  | | | | | | |
|  | Lived at address since: | | |  | | Last previous home address: | |  | | | |
|  | From: |  | | To: | |  |  | | |  | |
| (b) | Where (state or foreign country) and when did this person do each of the following during the last 24 months? List each time he or she did such as act. (If not done in the last 24 months, where and when did he or she do these acts last? If *never* done at all, write "never"): | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | Where/Month/Day/ Year | | | Where/Month/Day/ Year | | | | Where/Month/Day/ Year |
| 1. | Registered to vote | | |  | | |  | | | |  |
| 2. | Voted | | |  | | |  | | | |  |
| 3. | Called to serve on jury duty | | |  | | |  | | | |  |
| 4. | Acquired or renewed driver's license | | |  | | |  | | | |  |
| 5. | Acquired ownership of property for use as your principle dwelling | | |  | | |  | | | |  |
| 6. | Inclusive dates of such property ownership: | | |  | | |  | | | |  |
| 7. | Filed state intangible returns | | |  | | |  | | | |  |
| 8. | Listed personal property for taxation | | |  | | |  | | | |  |
| 9. | Filed state income tax return | | |  | | |  | | | |  |
|  | Did you file as a resident or nonresident? | | |  | | |  | | | |  |
| 10. | Registered/licensed motor vehicle(s) | | |  | | |  | | | |  |
| 11. | Claimed you as an exemption on state income return for | | | |  | | | Filed in (state) | |  | |
|  | On (date) |  | ; Federal income tax return for | | |  | | | Filed in (state) |  | |
|  | On (date) |  |  | | |  |  | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If you are an alien, answer and complete the following appropriately: | | | | | | | | | | | | | | | | | | | | |
| a) | I possess a valid current visa: Yes  No | | | | | | | | | | | | | | | | | | | |
|  | My visa has the designation of | | |  | | | | (A,B,C,D,E,F,G,H,I,J,K,L, or M plus a number) | | | | | | | | | | | | |
|  | (Note: B, C, D, F, H, J and M visas reflect a presence in the United States not sufficient to support a bona fide claim to North Carolina legal residence.) | | | | | | | | | | | | | | | | | | | |
| b) | I possess a valid, current Form I-151 or I-551 (Alien Registration Receipt Card): | | | | | | | | | | | Yes  No | | | | | | | | |
|  | Registration Number: |  | | | | Reflects entry to the United States as an Immigrant on: | | | | | | | | | | | | |  | |
| c) | I possess a valid, current Form-181b (Memorandum of Record of Lawful Permanent Residence): | | | | | | | | | | | | | | | | Yes  No | | |
|  | Registration Number: |  | | | | Reflects entry to the United States as an Immigrant on: | | | | | | | | | | | | |  | |
| d) | Immediately before I received my Form I-151 (or I-551 or I-181b), I possessed a current visa: | | | | | | | | | | | | | Yes  No | | | | | | |
|  | This was an immigrant visa? | | Yes  No | | | Letter Designation of Visa: | | | |  | | | Issued: | | |  | | | | |
| e) | I possess a valid, current Form I-94 (Arrival Departure Record) Parole Edition: | | | | | | | | | | Yes  No | | | | Date: | | |  | | |
| f) | I possess a document issued by Immigration authorities (letter, form, certificate, etc.) that shows I will later be | | | | | | | | | | | | | | | | | | | |
|  | issued one or more documents described above: | | | | | | Yes  No | | Identify: | |  | | | | | | | | | |
|  | (Attach a copy if permitted by Immigration law. If not, be prepared to display the document for inspection upon request) | | | | | | | | | | | | | | | | | | | |
| g) | I possess a document issued by Immigration authorities not identified above that supports my claim to resident | | | | | | | | | | | | | | | | | | | |
|  | tuition status: Yes  No | | | Identify: |  | | | | | | | | | | | | | | | |
|  | (Attach a copy if permitted by Immigration law. If not, be prepared to display the document for inspection upon request) | | | | | | | | | | | | | | | | | | | |

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| If there are any additional circumstances, events, or acts that you feel support your claim to North Carolina legal residence (domicile) for tuition purposes, attach a description of each, specifying the place and date of occurrence. |

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| **Acknowledgements and Certification:** | | | |
| I hereby acknowledge that completion of social security number in voluntary is requested by the institution solely for administrative convenience and record-keeping- accuracy and is requested only to provide a personal identifier for the internal records of the institution.  I hereby certify that, to the best of my knowledge and belief, all information I have set forth herein is true and accurate.  I understand and agree that the institution may verify information with regard to this application.  I understand that the institution may divulge the contents of this application only as permitted under state laws and/or under the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.  I understand that knowing falsification of this application may result in revocation of my admission and/or a violation under the institution’s code of conduct. | | | |
|  |  |  |  |
| Applicant’s Signature |  | Date |  |
|  |  |  |
| Signature of parent or guardian if applicant is under 18 years of age |  | Date |