

Residence Classification & Fee Processing Form

Disclaimer: This form is a supplement to the departmental program application.

First Name _____ M.I. _____ Last _____ Surname _____

S.S. # ____ - ____ - ____ DOB ____/____/____ Gender: M F Race (optional) _____

Phone: () ____ - ____ Email _____

Residence Information: Incomplete information will result in a preliminary determination of non – resident.

Legal state of residence ____ Have you lived in Indiana for the past 12 consecutive months? _____

Current address

Dates (MM/YYYY)	Location, City, State, Zip	County

Previous addresses up to 5 years

Dates (MM/YYYY)	Location, City, State, Zip	County

Citizenship: U – US Citizen P – Permanent Resident V – Visa (F-1, J1, J2, other)

If not a US citizen, country of citizenship _____

Educational History

School	Location (City, State)	Dates (MM/YYYY)	Degree Awarded

Employment History

Employer	Location (City, State)	Dates (MM/YYYY)

School applying to _____

To which program _____ Semester _____ Year _____

School Use Only

Program _____ Plan _____

Semester Fall Spring Sum I Sum II

Status Applicant Deny Admit Other _____

Graduate Office

Cash Check _____ Money Order _____

Date Processed _____