



RESIDENCY CLASSIFICATION DATA COLLECTION FORM

INSTRUCTIONS: Please complete all parts of this form. If you do not do so, your request for reclassification will not be processed. Some of the informational requests in this form will require you to provide copies of documents such as leases and tax return forms. Please be sure that these items are attached to the form when you return it. In addition to the information you are providing in this form, you may provide as much other information as you wish. The information you provide will be treated confidentially.

If you are in need of assistance, please contact the university officer responsible for processing your request.

I. DIRECTORY INFORMATION

NAME: _____

STUDENT NUMBER: _____ BIRTH DATE: _____

LOCAL ADDRESS: _____

LOCAL TELEPHONE NUMBER: _____

HOME ADDRESS (IF DIFFERENT FROM LOCAL ADDRESS): _____

MARITAL STATUS: MARRIED SINGLE

ACADEMIC CLASSIFICATION: () JUNIOR () GRADUATE
() FRESHMAN () SENIOR () CONTINUING EDUCATION
() SOPHOMORE () TRANSFER

() OTHER _____

CITIZENSHIP: Are you a U. S. Citizen? YES NO

If your answer is NO, then please declare the country of which you are a citizen and your Immigration and Naturalization (VISA) classification. _____

*Please return this form to Student Registration and
Financial Services – 224 South Hall*

II. RESIDENTIAL HISTORY

1. Please provide every address at which you resided eighteen months before your enrollment at the university. Include local addresses if you were enrolled at another college, university or post-high school institution.

FROM	TO	ADDRESS

2. Please provide every address at which you have resided since your enrollment at the university, the dates of residence and the person(s) with whom you resided.

FROM	TO	ADDRESS

Do you currently lease property? () YES () NO

Do you currently own real estate? () YES () NO

NOTE: If you lease or own property, please attach a copy of your lease agreement, mortgage or deed to this form.

III. ACADEMIC HISTORY

1. Please provide the names and addresses of all colleges, universities or other post-high school institutions you ever attended, the dates of attendance and the dates of graduation. If any of the listed institutions is a state or public college, then indicate whether you were classified as an in state student or out-of-state student.

FROM	TO	Name and Address of Institution	Date of Graduation	IN State	OUT of State

2. Please provide the names and addresses of every high school or equivalency program you ever attended, as well as your dates of attendance and graduation.

FROM	TO	Name and Address	Date of Graduation

IV. EMPLOYMENT HISTORY

1. Are you currently employed on a full-time basis? () YES () NO If YES, please provide the name, address and telephone number of your current employer:

2. Please provide the names and addresses of all employers, full-time or part-time, for whom you worked since your enrollment at the university and the 18 months before your enrollment.

FROM	TO	Name and Address

V. FINANCIAL HISTORY

A. TO BE ANSWERED BY ALL APPLICANTS

1. In the space below please list your sources of financial support starting with the year before your enrollment to the present.

AMOUNT	NAME OF SOURCE	ADDRESS	RELATIONSHIP

B. TO BE ANSWERED ONLY BY FRESHMEN, TRANSFERS AND OTHER NEWLY ENROLLED STUDENTS

1. Did anyone, other than yourself, claim you as a dependent for Federal Income Taxes the year before your enrollment?
 YES NO

If your answer is YES please list by name, address and relationship in the space below the person(s) who claimed you as a dependent on their Federal Income Taxes.

NAME	ADDRESS	RELATIONSHIP

NOTE: Please provide a copy of the tax form of the person(s) listed above or an explanation as to why you cannot do so:

C. TO BE ANSWERED BY ALL OTHER STUDENTS, INCLUDING READMITTED STUDENTS.

1. This year will anyone, other than yourself, claim you as a dependent for Federal Income Taxes? YES NO

If your answer to the question is YES, please list by name, address and relationship in the space below the person(s) who will be claiming you as a tax dependent.

NAME	ADDRESS	RELATIONSHIP

2. At any other time during your enrollment has anyone, other than yourself, claimed you as a dependent for Federal Income Taxes? YES NO

If your answer to the question is YES, please list by name, address, relationship and year the person(s) who claimed you as a dependent.

NAME	ADDRESS	RELATIONSHIP	YEAR

NOTE: Please provide copies of the income tax form(s) of the person(s) listed above or provide an explanation as to why you cannot do so:

3. Have you ever received any form of financial aid (loan, scholarship, grant) from a state other than Pennsylvania either directly or through a bank, or from any U.S. territory, district, possession or reservation? () YES () NO

a. If your answer to question three was YES, then please provide the dates, amounts, sources and forms of such financial aid.

SOURCE	AMOUNT	FORM	DATE

Please sign in the space provided below and have this form notarized.

- I certify that the foregoing responses are true and correct. I am aware that my responses are being made to Commonwealth officials who may rely upon them to perform their official duty of determining my residential classification. I am further aware that provision of false or misleading answers is punishable by law as a misdemeanor under Section 4904 of the Pennsylvania Crimes Code.

Signature

SWORN AND SUBSCRIBED BEFORE ME, THIS DAY,

NOTARY PUBLIC