

University of Michigan Application for In-State Tuition by Residence

** FILING DEADLINES**

Fall Term . . September 30 Winter Term . . January 31 Spring, Spring/Summer, and Summer Terms . . July 31
Applications must be received in the Residency Classification Office by 5 p.m. on the deadline date or a \$300 late fee will be assessed.
No applications will be accepted after the last day of classes of the term.

Return the completed application by mail, fax or in person to: Residency Classification Office, Office of the Registrar, 1210 LSA Building, 500 S. State St., Ann Arbor, MI 48109-1382 fax (734) 615-2432

If you have questions or need assistance, call the Residency Classification Office at (734)764-1400 or view the In-State Tuition Guidelines and forms at http://ro.umich.edu/resreg.php.

1. Name: Mr / Ms (circle one) (Last) (First) (Middle)
Prior names (if applicable):

2. Area Code/Phone Number (Home and Cell) Email Address:

3. Date of Birth / / City, State, Country of Birth

4. Social Security Number UM Student I.D. Number

5. Military Status: Are you a veteran? Yes No Are you currently on Active Duty? No Yes Expected date of separation

6. Requesting resident classification effective (circle one term only): Year Fall Winter Spring Sp/Su Summer

7. Campus currently attending/will attend: Ann Arbor Dearborn Flint

8. If current or former UM Student, list School or College: Class Level Graduation Date

If prospective UM Student, list School or College applied to: Class Level Date Degree Expected

9. Have you previously submitted an Application for Resident Classification or In-State Tuition? No Yes If yes, term/year
Has a parent, brother, sister, or spouse/partner ever applied for resident classification? No Yes If yes, provide name(s):

10. Are you a U.S. Citizen? Yes No If "No", are you a Permanent Resident Alien? No Yes If yes, issue Date of P.R. Card / /
If you are not a U.S. Citizen or Permanent Resident Alien, indicate your current visa status:

11. Provide the following information relative to your spouse or partner:

a. Name Social Security Number
(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 Residency Status

Are your Parents-in-law residents of Michigan? Yes No

12. Starting with the most recent, list in sequence your current and all previous addresses, including short-term and temporary addresses, for the past five years. Show addresses where you have physically resided, not "mailing" or "permanent" addresses. Also list any Michigan addresses prior to this period. (Continue on back of page if necessary.)

Street Address City State or Country Date From (m/y) Date To (m/y)

18. **Applicant's Statement** Write a brief statement explaining your and your family's purpose in coming to the state of Michigan; if you were previously a resident, please provide the reason for your absence from the state and the purpose of your return. Also include any facts relevant to your establishment of a permanent domicile in Michigan as defined by the University's In-State Tuition Guidelines.

19. **Attestation:** "I certify that the information given in this application and in all attachments is true, correct and complete to the best of my knowledge. I understand that this information is subject to audit and that falsification of a University record may be grounds for legal or disciplinary action. I authorize the University of Michigan Residency Classification Office to verify all facts relevant to my claim to resident status, including verification of employment, verification of enrollment, and verification of income tax information and records filed with the Michigan Department of Treasury and the United States Internal Revenue Service."

I UNDERSTAND THAT SUBMITTING AN APPLICATION WITH INCOMPLETE OR INACCURATE INFORMATION OR WITHOUT THE DOCUMENTATION LISTED BELOW WILL RESULT IN SIGNIFICANT DELAYS IN PROCESSING TIME.

Signature of Applicant _____ Date _____ / _____ / _____

20. Please print 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 BY CONTACTING THE RESIDENCY CLASSIFICATION OFFICE DIRECTLY WITH ANY CHANGES.

(Name)

(Number) (Street)

(City) (State) (Zip Code)

The following documentation MUST be submitted with the application. Additional documentation may also be requested. Failure to provide documentation will delay the processing and review of the application.

- **For all applicants:** Copies of your driver's license and the license(s) of the person or persons upon whom you are basing your claim to resident eligibility; copies of the front and signature pages of the most recent year's federal and state income tax returns (forms 1040 and MI 1040) and accompanying W-2 forms for you and the person or persons upon whom you are basing your claim to resident eligibility and any other documentation that supports your claim to resident eligibility
- **For applicants born outside the U.S. seeking eligibility based on Michigan residence:** verification of U.S. citizenship or lawful permanent residence in the U.S.
- **For applicants who are dependents:** Copies of the first and second pages of the parents' most recent year's federal and state income tax returns (forms 1040 and MI-1040) with all accompanying W-2s (and Schedules C and E if self-employed), along with parents' most recent pay stubs showing Michigan taxes being withheld
- **For applicants whose claim to eligibility for resident classification is based on permanent, full-time employment for themselves, a parent, spouse or domestic partner:** a signed letter from the employer, written on letterhead (including phone number), stating the position, status and dates of employment. The letter should be accompanied by a copy of the most recent pay stub showing Michigan taxes being withheld.

*****TO BE COMPLETED BY THE RESIDENCY CLASSIFICATION OFFICE*****

Effective _____ (Term) _____ (Year) Approved _____ Denied _____ Date _____ # _____

c: _____ career: _____