COMPLETE THIS FORM ONLY IF YOU ARE CLAIMING IN-STATE TUITION CLASSIFICATION

Please carefully answer all questions. If appropriate, indicate or check NA. Failure to answer a question may result in your being misclassified or may cause delays that could affect your chances for admission. Month and year are sufficient for dates more than two years past. In addition to your own information, if you will not be 23 years of age on the first day of classes for the term for which you are applying and you are not married, please give parent or court-appointed guardian information. If you are married, regardless of your age, please give spouse information.

Former and continuing University of Colorado students previously classified as out-of-state within the past three years must submit a separate "Petition for In-State Tuition Classification" to change their status. Petitions are available from the Office of the Registrar and must be submitted to that office before registration.

Student's Name _____ (Last / First / Middle) Social Security No. _____ Student No. _____

Mailing Address _____ (Street / City / State / Zip Code / Local Phone)

Permanent Address _____ (Street / City / State / Zip Code / Country)

Age _____ Birth Date ____/____/____ (Mo. / Day / Yr.)

Indicate the term for which you are claiming in-state status: Term _____ Year _____

1. Are you a citizen of the United States? Yes ☐ No ☐ If not, are you a permanent resident? Yes ☐ No ☐
2. List your most recent employers. Employer #1 _____ City _____ State ___ Dates ___/___/___ to ___/___/___
   Employer #2 _____ City _____ State ___ Dates ___/___/___ to ___/___/___
3. Did you graduate from a Colorado high school? Yes ☐ No ☐

   Name of School _____ City _____ Date of Graduation ___/___ (Mo. Yr.)
4. List all institution of higher education you have attended. Attach an additional page if necessary.
   Inst. #1 _____ City _____ State ___ Dates ___/___/___ to ___/___/___
   Inst. #2 _____ City _____ State ___ Dates ___/___/___ to ___/___/___
   Inst. #3 _____ City _____ State ___ Dates ___/___/___ to ___/___/___
   Inst. #4 _____ City _____ State ___ Dates ___/___/___ to ___/___/___
   Inst. #5 _____ City _____ State ___ Dates ___/___/___ to ___/___/___
5. Parent/guardian/spouse name, relationship, address, and employment.
   Name _____ Relationship: ☐ Parent ☐ Guardian ☐ Spouse
   Street Address or P.O. Box _____
   City _____ State ___ Dates ___/___/___ to ___/___/___
   Most Recent Employer _____
   City _____ State ___ Dates ___/___/___ to ___/___/___

	YOU	NA	YOUR FAMILY—CHECK ONE: ☐ Parent ☐ Guardian ☐ Spouse	NA
6. Dates of continuous physical residence in Colorado (mo./day/yr.)	____/____/____ to ____/____/____	☐	____/____/____ to ____/____/____	☐
7. Dates of extended absences from Colorado of more than two months in duration within the past two years (mo./day/yr.)	____/____/____ to ____/____/____	☐	____/____/____ to ____/____/____	☐
8. Dates of employment in Colorado (mo./day/yr.)	____/____/____ to ____/____/____	☐	____/____/____ to ____/____/____	☐
9. List exact years for which personal resident Colorado income tax returns were filed	_____	☐	_____	☐
10. Dates of active duty military service (mo./day/yr.)	____/____/____ to ____/____/____	☐	____/____/____ to ____/____/____	☐
Dates stationed in Colorado (mo./day/yr.)	____/____/____ to ____/____/____	☐	____/____/____ to ____/____/____	☐
11. Date of your marriage, if applicable (mo./day/yr.)	____/____/____	☐		
12. Dates you/your family member have had a Colorado driver's license (mo./day/yr.)	____/____/____ to ____/____/____	☐	____/____/____ to ____/____/____	☐
Drivers license number	_____		_____	
Issue date of previous Colorado license, if applicable (mo./day/yr.)	____/____/____	☐		
13. List exact years of Colorado motor vehicle registration	_____	☐	_____	☐
License plate number	_____		_____	
14. Give state in which currently registered to vote	_____	☐	_____	☐
Dates of Colorado voter registration (mo./day/yr.)	____/____/____ to ____/____/____	☐	____/____/____ to ____/____/____	☐
15. Dates of ownership of a home in Colorado that is your/your family member's primary residence (mo./day/yr.)	____/____/____ to ____/____/____	☐	____/____/____ to ____/____/____	☐
16. Are your parents separated or divorced?	☐ Yes ☐ No	☐		

I hereby certify that to the best of my knowledge the information furnished on this form is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for refusal or dismissal and may result in legal action.

_____ Signature _____ Date

Important—In-State Tuition Classification Application