VERIFICATION OF COLORADO RESIDENCY
UNIVERSITY OF COLORADO DENVER – ANSCHUTZ CAMPUS

Indicate the program, term and year for which you are applying:

____ Child Health Associate/Phys. Asst., MS
____ Nursing Undergraduate, BS
____ Dental, DDS
____ Pharm.D (Entry-level)
____ Graduate-Basic Sciences, MS/PhD
____ Pharm.D (Non-traditional)
____ Graduate-Nursing, MS, PhD
____ Physical Therapy, DPT
____ Medical, MD
____ Public Health, MPH/DrPH
____ MSTP
____ Certificate in Public Health
____ Nursing Doctorate, DNP
____ Other/Non-Degree

TERM/YEAR: SUMMER ___________ FALL ___________ WINTER ___________ SPRING ___________

APPLICANT’S NAME ________________________________

SS# _________________*

(*Disclosure of Social Security number is voluntary. It is requested on this form to facilitate processing and recordkeeping by the University.)

ADDRESS FOR REPLY

__________________________
STREET                                              CITY                                                         STATE                 ZIP

PERMANENT ADDRESS (If different than above)

__________________________
STREET                                              CITY                                                         STATE                 ZIP

E-MAIL ADDRESS: ___________________________

AGE                                 DATE OF BIRTH                             MARITAL STATUS

DATE MARRIED

_____ Check here and sign here ______________________________________________________ if you are NOT claiming
Colorado residency at this time. For information about residency regulations and tuition (including nonresident medical and
dental students classified as “accountable students”) see www.ucdenver.edu/registrar. You do not need to complete the rest
of this form.

If the applicant was 23 years old or older, or was married, or was emancipated from his or her parents no later than the
beginning of the term to which he or she is applying the applicant should complete this form. (NOTE: medical or dental
students must be 23/emancipated no later than the date of their acceptance to UCD). Otherwise, a parent or court-
appointed legal guardian should complete items 1 through 10 and sign the form. If you have questions regarding this, please
call (303) 724-8054.

__________________________________________________________________________________________

PERSON COMPLETING Questions 1 – 10 (if other than applicant)

__________________________
STREET                                              CITY                                                         STATE                 ZIP

RELATIONSHIP TO APPLICANT
Applicant Name _______________________
Last 4 Digits of Social Security #____________

Failure to fully respond to questions may result in classification as a non-resident.

1. List dates of physical presence in Colorado (use the back page of this form if necessary):

   From ______________________________________       To _________________________________________
      Month                          Day                      Year                          Month                          Day                      Year

   From _______________       To _______________
      Month                          Day                      Year                          Month                          Day                      Year

   From _______________       To _______________
      Month                          Day                      Year                          Month                          Day                      Year

2. Are you a citizen of the United States? YES NO
   a. If not, do you hold a Permanent Resident Alien card? YES NO
      Date issued ________________ COPY OF FRONT AND BACK OF CARD MUST BE ATTACHED.
   b. If you do not have a Permanent Resident Alien card, what category of visa do you hold? _______________
      Date issued ________________ COPY OF FRONT AND BACK OF CARD MUST BE ATTACHED.

3. Did you file a Colorado state income tax return in the last 12 months? YES NO
   a. List exact years for which you have filed Colorado returns:
      __________________________________________________________________________________________
   b. List exact years for which you have filed returns in another state:
      __________________________________________________________________________________________
   c. If you did not file a Colorado return in the past 12 months, please state reason(s):
      __________________________________________________________________________________________
      __________________________________________________________________________________________
   d. Is Colorado income tax currently being withheld? YES NO

4. List all employment for the past two years (Last one first):

   From _______________       To _______________
   Employer _________________________________
   City/State _________________________________

   From _______________       To _______________
   Employer _________________________________
   City/State _________________________________

   From _______________       To _______________
   Employer _________________________________
   City/State _________________________________

   (If not currently employed):
   Have you accepted future employment in Colorado? YES NO
   Future Employer ____________________________ Date of future employment ____________________________
5. Are you registered to vote? YES NO
   a. In what state? ____________________________
   b. Date of last registration: ___/____/____

6. Have you operated a motor vehicle in the past twelve months in Colorado? YES NO

7. Do you own a motor vehicle? YES NO
   a. In what state is it licensed? ____________________________
   b. Month and Year of Colorado motor vehicle registration during the past two years: ___/____/____ and ___/____/____

8. Do you have a current motor vehicle operator’s license? YES NO
   a. In what state was it issued? ____________________________
   b. Date of issue: ___/____/____
   c. Is this a renewal of a previously issued Colorado driver’s license? _______

9. Do you own residential real property in Colorado? YES NO
   a. Date purchased: ____________________________
   b. Address: __________________________________

10. Do you maintain a home in another state? YES NO
    a. List states(s): __________________________________
    b. List dates that you have resided in these homes _______________________

QUESTIONS 11-13 ARE TO BE ANSWERED BY THE APPLICANT - NOT PARENT OR LEGAL GUARDIAN

11. Were you graduated from a Colorado high school? YES NO

12. Have you attended any college or university during the past two years? YES NO

From _______________ To _______________
University ______________________________________

From _______________ To _______________
University ______________________________________

   a. At which schools were you assessed in-state tuition? ____________________________

13. Have you served in the Armed Forces during the past two years? YES NO

   a. If so, list dates of service
   b. What period of this time were you stationed in Colorado? ____________________________

PLEASE NOTE: If you are active duty military (or dependent of active duty military) stationed in Colorado and are not a Colorado resident, you may be eligible for in-state tuition rates. Contact the education officer on your base.
Name _________________________________
Last 4 Digits of Social Security #____________

Explain any circumstances by which you claim to be a resident of Colorado other than the above items 1-13:

_____________________________________________________________________________________________
________________________________________________________________________________________
_____________________________________________________________________________________________
_________________________________________________________________________________________
_____________________________________________________________________________________________

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IMPORTANT: I hereby swear/affirm that the answers given in this application are accurate and complete. If my circumstances change, affecting the tuition status requested by this form, I agree to notify the Registrar’s Office in writing within 15 days after such a change.

I understand that a final determination of my tuition status will be made at such time as my registration is reviewed and that a change in my status may result in an increase in my tuition charges.

________________________________________   __________________________
Signature of applicant                       Date

________________________________________   __________________________
Signature of parent or legal guardian completing this form   Date

If there is any doubt regarding applicant’s residency status, contact the Registrar’s Office, University of Colorado, Anschutz Medical Campus, 13120 E. 19th Avenue, A054, Aurora, CO 80045, phone 303-724-8054.