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
_____ Dental, DDS
_____ Graduate-Basic Sciences, MS/PhD
_____ Graduate-Nursing, MS, PhD
_____ Medical, MD
_____ MStP
_____ Nursing Doctorate, DNP

Nursing Undergraduate, BS
Pharm.D (Entry-level)
Pharm.D (Non-traditional)
Physical Therapy, DPT
Public Health, MPH/DrPH
Certificate in Public Health
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

Revised 4/10
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
   
   From ________________ To ________________
   
   Month Day Year
   
   From ________________ To ________________
   
   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.
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.