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
_____ 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.uchsc.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 the form and it should reflect the
parent/guardian information, not that of the applicant. If you have questions regarding this, please call (303) 724-
8054.

_____________________________________________________________________________________________

PERSON COMPLETING THIS FORM (if other than applicant)
_____________________________________________________________________________________________
STREET                                              CITY                                                         STATE                 ZIP

RELATIONSHIP TO APPLICANT
You must answer EACH of the following questions (1 -13):

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
   a. In what state?
   b. Date of last registration:

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:

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

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

OR

Signature of parent or legal guardian completing this form  Date

If there is any doubt regarding applicant's residency status, contact the Office of the Registrar, University of Colorado Denver Anschutz Medical Campus, Campus Box A054, P.O. Box 6508, Aurora, CO 80045, Tel: 303-724-8059