VERIFICATION OF COLORADO RESIDENCY
UNIVERSITY OF COLORADO – 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
____ Other/Non-Degree

TERM/YEAR: SUMMER ____________ FALL ____________ SPRING ____________

APPLICANT’S NAME ________________________________

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 medical and dental students classified as “accountable students”) see http://www.ucdenver.edu/anschutz/studentresources/Registrar/StudentServices/Residency/Pages/Residency.aspx. 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, the applicant should complete items 11 through 14 and all should sign the form. If you have questions regarding this, please email CUAnschutzTCO.Registrar@ucdenver.edu.

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

______________________________
STREET CITY STATE ZIP

RELATIONSHIP TO APPLICANT

Revised 10/2017
Applicant Name _________________________

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 ____________________
Applicant Name_____________________________________

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.
14. 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: University of Colorado, Anschutz Medical Campus, Office of the Registrar, Tuition/Residency Classification at CUAnschutzTCO. Registrar@ucdenver.edu.