

**VERIFICATION OF COLORADO RESIDENCY
UNIVERSITY OF COLORADO DENVER – ANSCHUTZ CAMPUS**

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

- | | |
|---|--|
| <input type="checkbox"/> Child Health Associate/Phys. Asst., MS
<input type="checkbox"/> Dental, DDS
<input type="checkbox"/> Graduate-Basic Sciences, MS/PhD
<input type="checkbox"/> Graduate-Nursing, MS, PhD
<input type="checkbox"/> Medical, MD
<input type="checkbox"/> MSTP
<input type="checkbox"/> Nursing Doctorate, DNP | <input type="checkbox"/> Nursing Undergraduate, BS
<input type="checkbox"/> Pharm.D (Entry-level)
<input type="checkbox"/> Pharm.D (Non-traditional)
<input type="checkbox"/> Physical Therapy, DPT
<input type="checkbox"/> Public Health, MPH/DrPH
<input type="checkbox"/> Certificate in Public Health
<input type="checkbox"/> 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 _____

Applicant Name _____
Last 4 Digits of Social Security # _____

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:

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.