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 ______________________________________
   Month                          Day                      Year
   To _________________________________________
   Month                          Day                      Year

   From ______________________________________
   Month                          Day                      Year
   To _________________________________________
   Month                          Day                      Year

   From ______________________________________
   Month                          Day                      Year
   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.