

Residency Amendment FormPlease email to Tuition Classification at tuitclass@ucdenver.edu

Student Name _____ Student ID Number _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Secondary Email _____

Are you a Veteran, Active Duty member of the US Armed Forces, or a Dependent of a Veteran using transferred GI or Fry Scholarship benefits? Yes _____ No _____

Marital Status _____ If Married, Marriage Date _____

Birth Date _____ Are you a citizen of the United States? Yes _____ No _____

If No, are you a permanent resident of the United States? Yes _____ No _____

If Yes, please attach a copy (both front and back) of student's Permanent Resident Card.

Student Status: Undergraduate ___ Undergraduate Non-Degree ___ Graduate ___ Grad Non-Degree ___

In what Calendar year will you begin classes at UC Denver? _____

Indicate the term you will begin classes at UC Denver: Fall _____ Spring _____ Summer _____

Will you be 23 years or older by the start date of your first enrolling term? Yes _____ No _____

****If No, skip to section 2****

Section 1 - Student Residency Information:

When did student first begin living in Colorado? Month _____ Day _____ Year _____

Has the student left Colorado for any reason (a length of 1 year or more) since that time? Yes ___ No ___

*If No, when did the student's extended absence begin? Month _____ Day _____ Year _____

*If No, when did the student's extended absence end? Month _____ Day _____ Year _____

*If No, please explain:

Student Employment History:

Most Recent Employment Start Date: Month _____ Day _____ Year _____

Most Recent Employment End Date (blank if presently employed): Month _____ Day _____ Year _____

Most Recent Employer/Company Name _____

Most Recent Employer/Company City, State _____

Residency Amendment FormPlease email to Tuition Classification at tuitclass@ucdenver.eduStudent Employment History continued:2nd Most Recent Employment Start Date: Month _____ Day _____ Year _____2nd Most Recent Employment End Date: Month _____ Day _____ Year _____2nd Most Recent Employer/Company Name _____2nd Most Recent Employer/Company City, State _____3rd Most Recent Employment Start Date: Month _____ Day _____ Year _____3rd Most Recent Employment End Date: Month _____ Day _____ Year _____3rd Most Recent Employer/Company Name _____3rd Most Recent Employer/Company City, State _____Student DMV Information:

Have you owned or been the primary user of a motor vehicle? Yes _____ No _____

Name of registered owner: _____

Relationship of registered owner to you _____

List the state and dates of vehicle registration during the past two years:

State _____ Dates _____

State _____ Dates _____

Do you have a current driver's license? Yes _____ No _____

If No, do you have a state issued identification card? Yes _____ No _____

In what state was your driver's license/identification card issued? _____

What is the date your driver's license/identification card was issued? Month _____ Day _____ Year _____

Student Tax Information:

Years Colorado income tax returns filed: _____

List EXACT YEARS you filed in another state: _____

Student Voter Information:

Are you registered to vote? Yes _____ No _____

In what state are you registered to vote? _____

Date of most recent registration: Month _____ Day _____ Year _____

Residency Amendment FormPlease email to Tuition Classification at tuitclass@ucdenver.edu**Section 2 – Parent/Legal Guardian Residency Information:**

When did parent/guardian first begin living in Colorado? Month_____ Day_____ Year_____

Has parent/guardian left Colorado for any reason (a length of 1 year or more) since that time? Yes____
No____

*If No, when did parent/guardian's extended absence begin? Month_____ Day_____ Year_____

*If No, when did parent/guardian's extended absence end? Month_____ Day_____ Year_____

*If No, please explain:

_____**Parent/Legal Guardian Employment History:**

Most Recent Employment Start Date: Month_____ Day_____ Year_____

Most Recent Employment End Date (blank if presently employed): Month_____ Day_____ Year_____

Most Recent Employer/Company Name_____

Most Recent Employer/Company City, State_____

2nd Most Recent Employment Start Date: Month_____ Day_____ Year_____2nd Most Recent Employment End Date: Month_____ Day_____ Year_____2nd Most Recent Employer/Company Name_____2nd Most Recent Employer/Company City, State_____3rd Most Recent Employment Start Date: Month_____ Day_____ Year_____3rd Most Recent Employment End Date: Month_____ Day_____ Year_____3rd Most Recent Employer/Company Name_____3rd Most Recent Employer/Company City, State_____**Parent/Legal Guardian DMV Information:**

Have you owned or been the primary user of a motor vehicle? Yes_____ No_____

Name of registered owner:_____

Relationship of registered owner to you_____

List the state and dates of vehicle registration during the past two years:

State_____ Dates_____

State_____ Dates_____

Residency Amendment FormPlease email to Tuition Classification at tuitclass@ucdenver.eduParent/Legal Guardian DMV Information continued:

Do you have a current driver's license? Yes _____ No _____

If No, do you have a state issued identification card? Yes _____ No _____

In what state was your driver's license/identification card issued? _____

What is the date your driver's license/identification card was issued? Month _____ Day _____ Year _____

Parent/Legal Guardian Tax Information:

Years Colorado income tax returns filed: _____

List EXACT YEARS you filed in another state: _____

Parent/Legal Guardian Voter Information:

Are you registered to vote? Yes _____ No _____

In what state are you registered to vote? _____

Date of most recent registration: Month _____ Day _____ Year _____

Any false information included in this amendment form may subject you to criminal charges and University disciplinary proceedings, and out-of-state tuition may be retroactively assessed. I hereby swear or affirm that the answers given in this amendment are accurate and complete. If my circumstances change, affecting the tuition status requested by this amendment, I agree to notify the tuition classification officer in writing within 15 days after such change. **I understand it is my obligation to have in my possession a copy of this amendment form, as reproductions will not be provided by the University at any future date.**

Student Printed Name: _____

Student Signature: _____ Date: _____

****If completed Section 2, additional signature(s) needed****

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____