



EAST TENNESSEE STATE UNIVERSITY

RESIDENCY INQUIRY FORM

In accordance with the rules adopted by the Board of Regents, individuals domiciled* in the State of Tennessee are classified as in-state residents. All individuals not having a domicile in Tennessee are classified as out-of-state. In determining whether a student is domiciled in Tennessee all pertinent evidence is considered by the university. **Presence or absence of any particular item(s) of evidence will not automatically result in an in-state or out-of-state classification.**

In order that we may have full information with which to determine your classification for admission and fee purposes, please complete and return this application to the address below. Consider all questions carefully before answering them. Incomplete applications will not be reviewed. **Please note that this form must be notarized. You may wish to attach supportive materials (letters, photocopies of documents, etc.), particularly at the places marked "Documentation."**

All decisions regarding classification for fee and admission purposes are made in accordance with Regulations for Classifying Students In-State and Out-of-State for the Purpose of Paying College or University Fees and Tuition and for Admission Purposes. (Copy available on request.) Return properly completed form to the appropriate address:

For College of Medicine:
East Tennessee State University
James H. Guillen College of Medicine
Office of Student Affairs
Box 70580
Johnson City, TN 37614-1708

For Graduate Students:
East Tennessee State University
Office of Graduate Studies
Box 70720
Johnson City, TN 37614-1710

For all other purposes:
East Tennessee State University
Office of Admissions
Box 70731
Johnson City, TN 37614-1710

*Here, and elsewhere, "Domicile" is defined as, "a person's true, fixed, and permanent home and place of habitation; it is the place where he/she intends to remain, and to which he/she expects to return if he/she leaves without intending to establish a new domicile elsewhere."

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

A. PERSONAL INFORMATION

CURRENT DATE _____

1. Full Legal Name _____
LAST FIRST MIDDLE MAIDEN SURNAME

2. ETSU ID E-Number: _____ 3. Sex: Male Female

4. Date and Place of Birth _____
DATE CITY COUNTY STATE COUNTRY

5. Present Mailing Address _____
STREET/NUMBER CITY STATE ZIP

a. Telephone Number: () _____ b. Own Rent Other _____
EXPLAIN

DOCUMENTATION: PHOTOCOPY OF DEED, MORTGAGE PAPERS, OR OTHER PUBLIC RECORD. — USE ADDITIONAL PAGES AS NECESSARY

c. Length of Time at this address _____ Years _____ Months

d. If you are not the owner of the residence in which you live, state the name of the owner and the relationship (if any).

6. Permanent Address _____
STREET/NUMBER CITY STATE ZIP

a. Telephone Number: () _____ b. Own Rent Other _____
EXPLAIN

DOCUMENTATION: PHOTOCOPY OF DEED, MORTGAGE PAPERS, OR OTHER PUBLIC RECORD. — USE ADDITIONAL PAGES AS NECESSARY

c. Length of Time at this address _____ Years _____ Months

d. If you are not the owner of the residence in which you live, state the name of the owner and the relationship (if any).

7. Have you been domiciled in Tennessee continuously since birth? Yes No
 If no, date you began your most recent domicile in Tennessee? _____
8. Address at time you began your most recent domicile? _____

STREET/NUMBER CITY STATE ZIP
9. Reason for coming to Tennessee to establish your most recent domicile? _____

10. High School(s) _____ From _____ To _____ Graduated _____
NAME AND LOCATION DATES OF ATTENDANCE
 _____ From _____ To _____ Graduated _____
NAME AND LOCATION DATES OF ATTENDANCE
11. Do you now attend or have you previously been enrolled at East Tennessee State University? Yes No
 If Yes, give dates: From _____ To _____
12. Have you ever been classified as an in-state resident by a state-aided institution in Tennessee? Yes No
 If Yes, give details _____ From _____ To _____
SCHOOL DATES OF ATTENDANCE
13. Have you ever been classified, for tuition or fee purposes, as an in-state resident of any other state? Yes No
 If Yes, give name of school, location and date of classification. _____
 _____ Date of last enrollment _____

B. CITIZENSHIP

14. Are you a citizen of the U.S.? Yes No If No, what is your status in this country (e.g., type of visa)? _____
15. Are you registered to vote? Yes No If Yes, in what city and state are you registered to vote? _____

DOCUMENTATION: PHOTOCOPY OF VOTER REGISTRATION CARD
16. Have you filed state or federal income tax for previous year? Yes No If Yes, what address was given as your residence? _____

DOCUMENTATION: PHOTOCOPY OR ADDRESS SECTION OF FORM(S)

C. EMPLOYMENT

(Documentation: Letter from employer which verifies the following information. This letter should indicate the permanency and likelihood of continued employment.)

17. Are you presently employed? Yes No If Yes, employer's name, address, and phone number _____

18. Type of job _____
19. Date of employment _____
20. Job Title _____
21. Hours worked per week _____ Full-time? _____ Part-time? _____
22. If appropriate, what percentage of your on-the-job time is spent out-of-state? _____ In which state? _____

D. FINANCIAL SUPPORT

(Education costs: food, clothing and shelter, transportation, etc.)

23. a. What are the sources of your support? _____
 b. Will your sources of support change while you attend ETSU? If so, how? _____
 c. What portion of your funds, if any, do you obtain from your parents or legal guardian? _____

E. MARITAL INFORMATION

24. Marital status: Never married Married Other _____
EXPLAIN

If married, spouse's name _____
LAST NAME FIRST NAME MIDDLE NAME

Spouse's Social Security Number _____

Date and place of marriage _____
DOCUMENTATION: PHOTOCOPY OF MARRIAGE CERTIFICATE

25. Has spouse been domiciled in Tennessee continuously since birth? Yes No If No, when did spouse begin his/her most recent domicile in Tennessee? _____

26. Spouse's address if different from your address in 5. _____

27. For what reasons did spouse come to Tennessee to establish most recent domicile? _____

28. Is spouse employed full-time? Yes No

29. How long has he/she been in present position? _____ Years _____ Months

30. Name/Address/Phone Number of Employer _____

31. Has your spouse ever been enrolled as a college student in Tennessee? Yes No

If Yes, give details _____ From _____ To _____
SCHOOL DATES OF ATTENDANCE

32. Has your spouse ever been classified, for tuition or fee purposes, as an in-state resident by a state-aided institution in Tennessee? Yes No

If yes, name of school, location, and date of classification _____

DOCUMENTATION: VERIFICATION OF IN-STATE CLASSIFICATION

F. PARENTAL INFORMATION

33. Father's name _____
LAST NAME FIRST NAME MIDDLE NAME

34. Father's address _____
STREET/NUMBER CITY STATE ZIP

35. Mother's name _____
LAST NAME FIRST NAME MIDDLE NAME

36. Mother's address _____
STREET/NUMBER CITY STATE ZIP

37. Do you have a legally appointed guardian? Yes No

If Yes, guardian's name _____
LAST NAME FIRST NAME MIDDLE NAME

38. Guardian's address _____
STREET/NUMBER CITY STATE ZIP

39. If your parent(s) or guardian is not presently domiciled in Tennessee, has he/she previously been domiciled in Tennessee?

Yes No If Yes, give previous Tennessee address

STREET/NUMBER CITY STATE ZIP

40. Dates of previous domicile in Tennessee: From _____ To _____

41. Did either parent or your guardian claim you as a dependent on his/her most recent income tax return? Yes No
(DOCUMENTATION: PHOTOCOPY OF ADDRESS AND DEPENDENT SECTIONS OF PARENT'S OR GUARDIAN'S TAX FORMS.)

G. MILITARY INFORMATION

42. Have you served as an active member of the U.S. Military? Yes No

43. In which state did you live when you entered service? _____

44. Date of entry _____ Branch of service _____

45. My active military service was (is) a regular enlistment or for training only.

If currently on active duty, what is your legal state of residence as maintained by your branch of service? _____
(DOCUMENTATION: COPY OF DD FORM 2058, STATE OF LEGAL RESIDENCE CERTIFICATE.)

46. Date of Separation from active duty _____

47. Address given at time of discharge or release (mailing address on DD-214)

STREET/NUMBER CITY STATE ZIP
(DOCUMENTATION: PHOTOCOPY OF DD FORM 214.)

H. AUTOMOBILE

48. Do you have a driver's license? Yes No

If **Yes**, what state issued the license? _____ Date of issue _____
(DOCUMENTATION: PHOTOCOPY OF LICENSE.)

My current license is an original issue a renewal from the state indicated above.

49. Driver's license number _____

50. Do you own an automobile? Yes No

If **Yes**, in what state is your automobile registered? _____ Date of registration _____
(DOCUMENTATION: PHOTOCOPY OF AUTO REGISTRATION.)

51. Automobile license number _____

I. OTHER INFORMATION

52. Please use the space provided below to give any additional details or information which you feel would aid the classifying official in determining your domicile.

J. TO BE COMPLETED BY APPLICANT

I certify that the information presented in this application is correct to the best of my knowledge and belief.

DATE

SIGNATURE OF APPLICANT

K. TO BE COMPLETED BY NOTARY PUBLIC

State of _____ County of _____

subscribed and sworn before me this _____ day

of _____, 20____

Notary Public _____

My Commission expires _____

PLEASE DO NOT WRITE BELOW THIS LINE

Determination: In-State Out-of-State Special conditions

Comments: _____

Date: _____