

EAST TENNESSEE STATE UNIVERSITY



RESIDENCY INQUIRY FORM

Graduate Applicants
Return to:
Office of Graduate Studies
Box 70720
Johnson City, TN 37614-0720

Undergraduate Applicants
Return to:
Office of Admissions
Box 70731
Johnson City, TN 37614-0731

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

A. STUDENT INFORMATION

Social Security Number _____ CURRENT DATE _____

Full Legal Name _____
LAST FIRST MIDDLE MAIDEN SURNAME

Are you currently enrolled at ETSU? Yes No If no, are you currently enrolled as a full-time student (as defined by your institution) at any college or university? Yes No

College Name _____

City and State _____

Sex Male Female Marital Status Married Single

If presently married, date of marriage _____
MONTH DAY YEAR

Date of Birth _____ Place of Birth _____
MONTH DAY YEAR CITY COUNTY STATE

U.S. Citizen Yes No If no, type of visa _____

Legal permanent address at time of this application

STREET CITY STATE ZIP CODE

COUNTY (AREA CODE) TELEPHONE NUMBER

Length of time at this address _____ Years _____ Months

Do you own or rent this dwelling? own rent Other (explain, use back of form if necessary) _____

How long have you lived in Tennessee? _____ Years _____ Months

Why did you move to Tennessee? _____

Voter Registration State _____

Driver's License Number _____ State _____ Date Issued _____

B. PARENTAL INFORMATION

Name and Address:

LAST FIRST MIDDLE

STREET CITY STATE ZIP CODE

(AREA CODE) TELEPHONE NUMBER

Length of time at this address _____ Years _____ Months

Have your parents surrendered the right to care, custody, and earnings of you? Yes No

Were you claimed as a dependent on the most recent income tax return by your parents? Yes No

C. EMPLOYMENT

Please list your most recent places of employment.

1. _____
NAME OF EMPLOYER STREET CITY STATE

DATE OF EMPLOYMENT FULL OR PART-TIME
_____ Currently Employed Yes No

2. _____
NAME OF EMPLOYER STREET CITY STATE

DATE OF EMPLOYMENT FULL OR PART-TIME

3. _____
NAME OF EMPLOYER STREET CITY STATE

DATE OF EMPLOYMENT FULL OR PART-TIME

If married, spouse's occupation and place of employment:

NAME OF EMPLOYER STREET CITY STATE

DATE OF EMPLOYMENT FULL OR PART-TIME

D. Please use this space for additional comment

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

SIGNATURE OF APPLICANT DATE

This form must be processed by the last day of registration (official census date) of the semester in order to be effective with that semester.