

# EAST TENNESSEE STATE UNIVERSITY

## RESIDENCY INFORMATION 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. Quillen College of Medicine  
Office of Student Affairs  
Box 70580  
Johnson City, TN 37614-0580

**For Graduate Students:**  
East Tennessee State University  
Office of Graduate Studies  
Box 70720  
Johnson City, TN 37614-0720

**For all other purposes:**  
East Tennessee State University  
Office of Admissions  
Box 70731  
Johnson City, TN 37614-0731

\*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

1. Full Legal Name \_\_\_\_\_ CURRENT DATE \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN SURNAME

2. Social Security 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

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

- 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

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

- 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 OF 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? \_\_\_\_\_  
YRS. 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.

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**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 \_\_\_\_\_, 19\_\_\_\_

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

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

Comments: \_\_\_\_\_

Date: \_\_\_\_\_

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