



## RESIDENCY RECLASSIFICATION APPLICATION

Under North Carolina law, a person may qualify as a resident for tuition purposes in North Carolina, thereby being eligible for a tuition rate lower than that for nonresidents for tuition purposes. Copies of the applicable law and of implementing regulations are available for review in The University Libraries and online at [https://www.northcarolina.edu/legal/residence/committee/manual/Residence\\_Manual\\_Aug\\_2010.pdf](https://www.northcarolina.edu/legal/residence/committee/manual/Residence_Manual_Aug_2010.pdf). In essence, the controlling North Carolina statute [G.S. 116-143.1 (online at [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/ByArticle/Chapter\\_116/Article\\_14.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_116/Article_14.html))] requires that “to qualify as a resident for tuition purposes, a person must have established legal residence (domicile) in North Carolina and maintained that legal residence at least 12 months immediately prior to his or her classification as a resident for tuition purposes.” G.S. 116-143.1 also sets forth statutory definitions, rules, and special provisions for determining residence status for tuition purposes. These provisions include special rules with respect to certain persons who are married, are in the military, are minors, are employees of the UNC system, or are immediate relatives of deceased North Carolina emergency workers. Certain non-U.S. citizens may also qualify for resident tuition status. Additional information may be obtained from UNCG’s Web site at: <http://www.uncg.edu/pvt/residency>.

### IMPORTANT—READ THESE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION.

- A. **Answer all questions.** If any question is not applicable to your situation, write “N/A.” **Failure to answer all questions may result in the application being returned to you and thus delay a decision relative to your residence-and-tuition status.**
- B. **Print legibly or type all responses.** If necessary, write “see attached” in the space provided and use separate additional sheets, numbering your responses the same as the corresponding question and stapling these sheets to the application form.
- C. **Be completely accurate** to the best of your knowledge and understanding. **Knowing falsification of your responses may subject you to disciplinary action, including dismissal from the institution.** Whenever “date” is requested, give month/day/year.
- D. **Sign and date** this application where indicated. **Failure to make the necessary acknowledgements and certifications renders this an invalid application.**
- E. **All applications must be submitted to the University Registrar’s Office by midnight on the fifth day of class of the academic term for which an applicant wishes to be considered for a change in residence-and-tuition status.**
- F. **Attach copies of all supporting documents** as described in questions 34–37 (when applicable). Do not submit originals—the University Registrar’s Office cannot make copies for your application.

### Return completed application to:

#### UNDERGRADUATE STUDENTS

University Registrar’s Office  
The University of North Carolina at Greensboro  
180 Mossman Building  
P.O. Box 26170  
Greensboro, NC 27402-6170

#### GRADUATE STUDENTS

The Graduate School  
The University of North Carolina at Greensboro  
241 Mossman Building  
P.O. Box 26170  
Greensboro, NC 27402-6170

<b>OFFICE USE ONLY</b>	Term requested: _____	RNANA12: _____	Database: _____
	Admit Term: _____	Banner update: _____	Scanned: _____
	Registered: <input type="checkbox"/> Yes <input type="checkbox"/> No:	Response: _____	



# RESIDENCY RECLASSIFICATION APPLICATION

(Long Form)

1. Applicant (student's) Full Legal Name: \_\_\_\_\_  
*Last First Middle*

2. UNGC Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
*Month Day Year*

3. Place of Birth: \_\_\_\_\_ U.S. Citizen:  Yes  No:  Permanent Residency Card  
*City State, Province, etc. Country*  Visa: \_\_\_\_\_  
*Type*

4. Are you currently enrolled at UNGC?  Yes  No: Are you applying for admission?  Yes  No

5. Term in which you want this decision to apply: \_\_\_\_\_  Fall  Spring  Summer Session  
*(You may select only one per application.) Year*

6. Current student classification:  FR  SO  JR  SR \_\_\_\_\_  
*Major*

7. Current Mailing Address: \_\_\_\_\_  
*Street City State ZIP Code*

At this address since: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
*Month Day Year*

8. Permanent Home Address: \_\_\_\_\_  
*Street City State ZIP Code*

At this address since: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
*Month Day Year*

9. Last Previous Home Address **Inside** of N.C.: \_\_\_\_\_  
*Street City State ZIP Code*

At this address from: \_\_\_\_\_ At this address until: \_\_\_\_\_  
*Month Day Year Month Day Year*

10. Last Previous Home Address **Outside** of N.C.: \_\_\_\_\_  
*Street City State ZIP Code*

At this address from: \_\_\_\_\_ At this address until: \_\_\_\_\_  
*Month Day Year Month Day Year*

11. List the secondary schools (e.g., senior high or preparatory) you attended in sequence.

<i>School Name</i>	<i>Address (Place &amp; State)</i>	<i>Dates of Attendance (MM/DD/YY)</i>	
		<i>Begin</i>	<i>End</i>
a) _____	_____	_____	_____
b) _____	_____	_____	_____

If married, also list the above educational information for your spouse.

<i>School Name</i>	<i>Address (Place &amp; State)</i>	<i>Dates of Attendance (MM/DD/YY)</i>	
		<i>Begin</i>	<i>End</i>
a) _____	_____	_____	_____
b) _____	_____	_____	_____

12. List **all** the post-secondary schools (e.g., universities, colleges, junior colleges, community colleges, etc.) you have attended in sequence, **including UNCG**.

School Name	Address (Place & State)	Dates of Attendance (MM/DD/YY)	
		Begin	End
a) _____	_____	_____	_____
b) _____	_____	_____	_____
c) _____	_____	_____	_____

If married, also list the above educational information for your spouse.

School Name	Address (Place & State)	Dates of Attendance (MM/DD/YY)	
		Begin	End
a) _____	_____	_____	_____
b) _____	_____	_____	_____
c) _____	_____	_____	_____

13. If at any time you previously have applied for a residence determination for tuition purposes at **any** North Carolina public college or university, for **each** give the following information: *If necessary, attach a separate sheet clearly labeled as additional information for question #13.*

a) Name of college or university: \_\_\_\_\_

b) What was your residence status determination?  Resident  Non-resident  Not determined

c) Term you were so classified: \_\_\_\_\_  Fall  Spring  First Summer Session  Second Summer Session  
Year

d) Has your residence status ever been determined by the UNCG Provost's Office or Registrar's Office?  No  Yes: \_\_\_\_\_  
Month Day Year

14. Is your Father living?  Yes  No Father's Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
Street City State ZIP Code

At this address since: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Month Day Year

15. Is your Mother living?  Yes  No Mother's Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
Street City State ZIP Code

At this address since: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Month Day Year

16. Are your parents separated or divorced?  No  Yes: Who has **legal** custody of the child(ren)?  Mother  Father  Other

17. Do you have a court-appointed legal guardian?  No  Yes: \_\_\_\_\_  
Guardian's Name

Permanent Home Address: \_\_\_\_\_  
Street City State ZIP Code

At this address since: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Month Day Year

Court appointed at: \_\_\_\_\_  
Place Month Day Year

---

18. For what reason did you move your home to North Carolina? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. When and from what state or foreign country did you move your home and legal residence to North Carolina?  
Moved from: \_\_\_\_\_  
*Place* *Month* *Day* *Year*

20. On what date do you claim that you began your legal residence (domicile) in North Carolina? \_\_\_\_\_  
*Month* *Day* *Year*

---

21. Marital Status:  Single  Married\*  Divorced\*  Marriage Annulled\*  Separated\*  Legal Separation\*  Widowed\*

\*If anything other than Single checked, provide effective date: \_\_\_\_\_  
*Month* *Day* *Year*

22. Married applicants, provide spouse information. Spouse's Name: \_\_\_\_\_

a) Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*Street* *City* *State* *ZIP Code*

b) Permanent Home Address: \_\_\_\_\_  
*Street* *City* *State* *ZIP Code*

At this address since: \_\_\_\_\_  
*Month* *Day* *Year*

c) Last Previous Home Address **Outside** of N.C.: \_\_\_\_\_  
*Street* *City* *State* *ZIP Code*

At this address from: \_\_\_\_\_ At this address until: \_\_\_\_\_  
*Month* *Day* *Year* *Month* *Day* *Year*

d) Present Legal Residence (domicile) is in what state? \_\_\_\_\_ Since: \_\_\_\_\_  
*State* *Month* *Day* *Year*

---

23. Did you claim yourself as an exemption on state and/or federal income tax returns for the previous tax year?  Yes  No

a) If **Yes**, in what state(s) were the income tax returns filed? \_\_\_\_\_  
*Federal* *State(s)*

b) If **No**, who did? \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
*Name*

Filed to what State(s) \_\_\_\_\_  
*Federal* *State(s)*

24. Do you intend to claim yourself as an exemption on state and/or federal income tax returns for the current tax year?  Yes  No\*

\*If **No**, who does? \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
*Name*

Filed to what State(s)? \_\_\_\_\_  
*Federal* *State(s)*

25. List in chronological order to date of this application **all** places you have spent at least **seven** consecutive days during the past **three** years. Your response **must** include your current address, all other places lived, and vacations.

If necessary, attach a separate sheet clearly labeled as additional information for question #25.

	Place (City & State)	Purpose	Dates of Event (MM/DD/YY)	
			Begin	End
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____
c)	_____	_____	_____	_____

If married, also list the above information for your spouse:

	Place (City & State)	Purpose	Dates of Event (MM/DD/YY)	
			Begin	End
a)	_____	_____	_____	_____
b)	_____	_____	_____	_____
c)	_____	_____	_____	_____

26. List each state or foreign country where you did each of the following during the last 24 months. List **each** time you did each such act. If not done in the last 24 months, list where and when such acts were done the last time you did them; if never done at all, write "n/a."

	Most Recent Occurrence		Second Most Recent Occurrence		Third Most Recent Occurrence	
	State	Date (MM/DD/YY)	State	Date (MM/DD/YY)	State	Date (MM/DD/YY)
a) Registered to vote						
b) Voted						
c) Called to serve on jury duty						
d) Acquired or renewed driver license						
e) Listed personal property for taxation in the county where you live						
f) Filed state income tax return	Filed as: <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident		Filed as: <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident		Filed as: <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident	
g) Acquired ownership of property for use as your principal dwelling <i>Provide beginning and ending dates.</i>		Begin: End:		Begin: End:		Begin: End:
h) Had state income tax withheld from paycheck(s) during the <b>current tax year</b>	Provide beginning date.		Provide beginning date.		Provide beginning date.	
i) Had state income tax withheld from paycheck(s) during the <b>previous tax year</b>	Provide beginning date.		Provide beginning date.		Provide beginning date.	
Was total amount withheld refunded to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

27. List each state or foreign country where you registered and/or licensed a motor vehicle (car, truck, or other vehicle requiring a license) during the last 24 months. List **each** time you did such act. *If not done in the last 24 months, list where and when such acts were done the last time you did them; if never done at all, write "never."*

	Type of Vehicle (Year, Make, Model)	Where registered and/or licensed	Date (MM/DD/YY)
Most Recent			
Second Most Recent			
Third Most Recent			

28. By whom are the car(s) or other motor vehicles that you maintain and operate in N.C. owned? \_\_\_\_\_  
*First and Last Name of Owner*

Owner's Address: \_\_\_\_\_  
*Street City State ZIP Code*

29. List the addresses at which you own and maintain personal property (clothing, furniture, cars, checking or savings accounts, stocks, bonds, pets, jewelry, appliances, etc.) and give the percentage of total value (of such personal property) maintained at each address.

	Address	% maintained at this address
a)	_____ <i>Street City State ZIP Code</i>	_____
b)	_____ <i>Street City State ZIP Code</i>	_____

30. List **all** of your employment for wages in the last 24 months.

a) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Hrs./wk.: \_\_\_\_\_ Wage/hr.: \_\_\_\_\_  
*Place & State MM/DD/YY MM/DD/YY*

b) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Hrs./wk.: \_\_\_\_\_ Wage/hr.: \_\_\_\_\_  
*Place & State MM/DD/YY MM/DD/YY*

c) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Hrs./wk.: \_\_\_\_\_ Wage/hr.: \_\_\_\_\_  
*Place & State MM/DD/YY MM/DD/YY*

.....  
 If married, list **all** of your **spouse's** employment for wages in the last 24 months.

a) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Hrs./wk.: \_\_\_\_\_ Wage/hr.: \_\_\_\_\_  
*Place & State MM/DD/YY MM/DD/YY*

b) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Hrs./wk.: \_\_\_\_\_ Wage/hr.: \_\_\_\_\_  
*Place & State MM/DD/YY MM/DD/YY*

c) Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_ Start: \_\_\_\_\_ End: \_\_\_\_\_ Hrs./wk.: \_\_\_\_\_ Wage/hr.: \_\_\_\_\_  
*Place & State MM/DD/YY MM/DD/YY*

31. Of the total money required to meet **all of your expenses** (food, clothing, housing, tuition, transportation, personal expenses, vacations, etc.) for the full 12 months of the preceding calendar year and of the current calendar year, what percentage came from each of the following sources?

	Preceding Calendar Year (Jan. to Dec.) % of total	Current Calendar Year (Jan. to Dec.) % of total
Your earnings		
Parent(s) or Guardian(s)		
Spouse's Earnings		
Other (specify—e.g., loans, VA benefits, trust account, savings, investments)		

32. Are you currently in, or a veteran of, active military service or other Federal government employment?

\*If **Yes**, complete the following:

a) Home address upon entry: \_\_\_\_\_  
*Street City State ZIP Code*

b) Official "Home of Record": \_\_\_\_\_  
*Street City  Yes\*  No State ZIP Code*

c) Official home address now: \_\_\_\_\_  
*Street City State ZIP Code*

Date this home address was declared: \_\_\_\_\_  
*Month Day Year*

d) Home address upon discharge: \_\_\_\_\_  
*Street City State ZIP Code*

Date of discharge: \_\_\_\_\_  
*Month Day Year*

e) Legal residence on most recent DD Form 2058 (State of Legal Residence Certificate): \_\_\_\_\_  
*Street City State ZIP Code*

Date of DD 2058: \_\_\_\_\_  
*Month Day Year*

f) Place to which you were paid mileage upon discharge: \_\_\_\_\_  
*Place & State*

g) State for which income tax is or was withheld from your salary: \_\_\_\_\_  
*State*

**If you, your spouse, or one or both of your parents are now in active military service, attach to this application a copy of the "Leave and Earnings Statement" for the most recent pay period and for the pay period 12 months ago for each such person.**

33. Answer the following for each such person. If you:

- (1) now live regularly with,
- (2) have lived during the immediately preceding 24 months with,
- (3) continue to maintain close ties with and periodically live with another person who is a relative by blood, marriage, or court order (legal guardian), or
- (4) have been claimed within the immediately preceding 24 months as a dependent for taxation purposes by someone other than yourself.

- Answer for only one adult person at each address.
- If married, complete for spouse.
- If separation occurred within last 24 months, complete for spouse.
- If divorce occurred within last 24 months, complete for ex-spouse.

a) Name \_\_\_\_\_ Relationship to you: \_\_\_\_\_

1) Permanent Home Address: \_\_\_\_\_  
*Street City State ZIP Code*

At this address since: \_\_\_\_\_  
*Month Day Year*

2) Last Previous Home Address: \_\_\_\_\_  
*Street City State ZIP Code*

At this address from: \_\_\_\_\_ At this address until: \_\_\_\_\_  
*Month Day Year Month Day Year*

b) Is such person currently in, or a veteran of, active military service or other Federal government employment?  Yes\*  No

\*If **Yes**, complete the following:

1) Home address upon entry: \_\_\_\_\_  
*Street City State ZIP Code*

2) Official home address now: \_\_\_\_\_  
*Street City State ZIP Code*

Date this home address was declared: \_\_\_\_\_  
*Month Day Year*

3) Home address upon discharge: \_\_\_\_\_  
*Street City State ZIP Code*

Date of discharge: \_\_\_\_\_  
*Month Day Year*

4) Legal residence on most recent DD Form 2058 (State of Legal Residence Certificate): \_\_\_\_\_  
*Street City State ZIP Code*

Date of DD 2058: \_\_\_\_\_  
*Month Day Year*

C) List each state or foreign country where such person did each of the following during the last 24 months. List **each** time such person did each such act. *If not done in the last 24 months, list where and when such acts were done the last time such person did them; if never done at all, write "n/a."*

	Most Recent Occurrence		Second Most Recent Occurrence		Third Most Recent Occurrence	
	State	Date (MM/DD/YY)	State	Date (MM/DD/YY)	State	Date (MM/DD/YY)
1) Registered to vote						
2) Voted						
3) Called to serve on jury duty						
4) Acquired or renewed driver license						
5) Listed personal property for taxation in the county where living						
6) Filed state income tax return	Filed as: <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident		Filed as: <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident		Filed as: <input type="checkbox"/> Resident <input type="checkbox"/> Nonresident	
7) Acquired ownership of property for use as principal dwelling <i>Provide beginning and ending dates.</i>		Begin:  End:		Begin:  End:		Begin:  End:
8) Registered/licensed motor vehicle(s)						
9) Claimed you as an exemption on a State income Tax return		Tax Year: _____		Tax Year: _____		Tax Year: _____
10) Claimed you as an exemption on a Federal income Tax return		Tax Year: _____		Tax Year: _____		Tax Year: _____

34. If there are additional circumstances, events, or acts, such as community involvement, career, or family ties, that you think support your claim to North Carolina legal residence (domicile) for tuition purposes, **attach a description of each, specifying the place and date of its occurrence.**
- 
35. In support of your claim to North Carolina as your *bona fide* permanent residence **you must attach copies of your residency acts** including, but not limited to your: North Carolina driver license, vehicle registration, voter registration, North Carolina State and Federal income tax returns, year-to-date cumulative wage earning statements from all jobs held during the current year, listing of personal property taxes, etc.
36. If you are basing your residency upon your spouse's North Carolina residence, include a copy of your marriage certificate and copies of your spouse's residency acts (listed above).
- 
37. **If you are not a U.S. citizen**, include a *Residence-and-Tuition Application Supplement for Non-U.S. Citizens*, accompanied by copies of your approval for permanent residence status (showing the date of adjudication by the Immigration and Naturalization Service) or copies of your current INS documentation (such as your visa).
- 
38. **If you are a full-time employee of the UNC system or the spouse/dependent child of such an employee**, you must attach verification of this employment and also proof of your relationship to the employee if you are the spouse or dependent child.
- 

I hereby certify that all information I have set forth is true to the best of my knowledge, pursuant to my reasonable inquiry where needed, and I am aware that knowing falsification of any responses herein may subject me to disciplinary action.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of parent or guardian  
(if applicant is under 18 years of age)

\_\_\_\_\_  
Date  
(MM/DD/YY)