



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. 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)] 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 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 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
1202 Spring Garden Street
Greensboro, NC 27412

OFFICE USE ONLY	Student Name: _____		Student ID#: _____
	Term requested: _____	RNANA: _____	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
Type

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

5. Term in which you want this residency reclassification to apply: _____ Fall Spring Summer Session
(You may select only one per application.)
Year

6. Current student level: Undergraduate Graduate _____
Major (Undergraduate student) or School (Graduate student)

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

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

		<i>Dates of Attendance (MM/DD/YY)</i>	
<i>School Name</i>	<i>Address (Place & State)</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 institution 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 Summer Session
Year
- d) Have you previously requested a residency reclassification at UNCG? 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 make North Carolina your home? _____

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*
**Must answer question #22.*

22. *Provide **spouse** information. Spouse Name: _____

a) Spouse Occupation: _____ Spouse Employer: _____

Spouse Employer's Address: _____
Street *City* *State* *ZIP Code*

b) Spouse Permanent Home Address: _____
Street *City* *State* *ZIP Code*

At this address since: _____
Month *Day* *Year*

c) Spouse 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) Spouse 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 (7)** consecutive days during the past **three (3)** 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 current tax year	Provide beginning date.		Provide beginning date.		Provide beginning date.	
i) Had state income tax withheld from paycheck(s) during the previous tax year	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, fees, books, 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*:		
Other*:		
Other*:		
Other*:		
	Total should equal 100%.	Total should equal 100%.

**If "other," specify as loans, VA benefits, trust account, savings, investments, scholarships, financial aid, etc.*

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) 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: _____	

c) 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

Documentation Requirements

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: driver license, vehicle registration, voter registration, 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, deeds or rental/lease agreements, 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)*