

INDIANA UNIVERSITY BLOOMINGTON
RESIDENCE CLASSIFICATION FORM FOR U.S. CITIZENS AND PERMANENT RESIDENTS

The following information is required in order to determine resident or non-resident status for fee-paying purposes. Incomplete information will result in a preliminary determination as a non-resident.

Last Name _____ First & MI _____

Gender M F Social Security Number or Student ID _____ - _____ - _____ Date of Birth _____

Country of Citizenship _____ Visa Status (non US Citizens Only) _____

Ethnicity (US Citizens Only): African American American Indian or Alaskan Native Asian or Pacific Islander Hispanic American White American Other

Which is your state of legal residence? _____ Have you lived in Indiana for the past 12 months? _____

If you claim Indiana as your legal state of residence, **PROVIDE THE COUNTY IN WHICH YOU LIVE AND STATE WHY YOU CLAIM INDIANA AS YOUR LEGAL STATE OF RESIDENCE** _____

If you are under 21, who is your parent or legal guardian? _____

Relationship _____ In what state is your parent's/guardian's legal residence? _____

Military Home of Record (if applicable) _____ E-mail address _____

Have you ever been enrolled at Indiana University? _____

If yes, semester you first enrolled _____ last enrolled _____

Please list names of post-secondary institutions (other than IU) you have attended and the dates of attendance.

Dates	Institution Attended	Degree Awarded and Date

List below all addresses with specific dates of the places you have lived for the last five years, beginning with your current address.

Dates	Street, City, State, Zipcode	Phone (current only)

If you have been employed during the last 12 months, provide the information requested below.

Dates	Employer's Name, City, State, Zipcode	Full or part-time

I certify that the information submitted on this residence classification form is complete and correct to the best of my knowledge, and I understand that submitting inaccurate or false information may result in denial of admissions and/or termination of enrollment at Indiana University.

Signature _____ Date _____