

RESIDENCE CLASSIFICATION FOR FEE-PAYING PURPOSES AT INDIANA UNIVERSITY

To be completed by all students, regardless of state of residence

DUE DATE: UPON RECEIPT – please complete and submit right away

Name _____ Student ID #(Soc.Sec) _____ - ____ - _____ Date of Birth _____

Visa Status (non-U.S. Citizens only) _____ Military Tax Withholding State _____
(from leave and earnings statement)

Addresses Where You Have Resided FOR THE PAST 3 YEARS:

Month/Yr		Street	City	State	Zip Code
From	To				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Names and Addresses of Employers FOR THE PAST 3 YEARS:

Month/Yr		Employer	City	State	Full or Part time
From	To				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Colleges and Universities Attended FOR THE PAST 3 YEARS:

Month/Yr		Institution	City	State	Degree
From	To				
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I certify that the information provided on this form is complete and correct to the best of my knowledge.

_____	_____
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Student's Signature

Date

IF YOU ARE UNDER 21, PLEASE SUPPLY THE FOLLOWING INFORMATION:

Name of Parents _____ Address of Parents _____
