

**APPLICATION FOR CHANGE IN CLASSIFICATION
FOR PURPOSES OF ADMISSION AND ASSESSMENT OF FEES
UNIVERSITY OF DELAWARE
NEWARK, DE 19716**



DIRECTIONS: This form is intended for use by those who seek a change in residency classification, or those whose status cannot be determined from the usual information submitted with the application for admission to the University. All applicants must complete Section I (Identifying Information) and Section VII (Affirmation). Students who are financially dependent should have Section II completed by the person (parent or legal guardian) who contributes to their support. Students who are financially independent should complete Section III. In addition, military personnel on whom residency will be based should complete Section IV. Non-U.S. citizens on whom residency will be based must also complete Section V.

IMPORTANT: Applications and ALL supporting documentation are due in a single submission by the first day of classes for the term in which a reclassification is sought. Applications received after that date will be considered for the next term. Changes in student status are not retroactive. Applicants are expected to pay their tuition bill at the non-resident rate by the stated deadlines. **COMPLETE ALL QUESTIONS IN EACH SECTION THAT APPLIES TO YOU.**

SECTION I. IDENTIFYING INFORMATION (To be completed by the student)

Name		ID #
Gender M F	Date of Birth	Today's Date
Marital Status	Name of Spouse (if applicable)	Date of Marriage (provide copy of marriage certificate)
Local Address (Street, City, State, Zip Code)		
Permanent Address (Street, City, State, Zip Code)		
Cell Phone	Home Phone	Email address (udel.edu if current student)
Current Student Status:	<input type="checkbox"/> Graduate Student; most recent date of admission	(mm/dd/year)
	<input type="checkbox"/> Undergraduate Student; most recent date of admission	(mm/dd/year)
	<input type="checkbox"/> Continuing Education; most recent semester enrolled	(term)
Semester for which you are applying for Delaware residency classification (Semester, Year)		

SECTION II. CLAIM OF RESIDENCY DERIVED FROM PARENT, SPOUSE OR LEGAL GUARDIAN

(To be completed by parent(s), spouse, or legal guardian(s) on whom student is financially dependent.)

Parent/Legal Guardian #1 or Spouse Name:	Relationship to Student
If legal guardian, name of court in which guardianship or custodianship was granted:	Date
Current Address (Street, City, State, Zip Code)	
Dates residing at current address: From (mm/dd/yy):	To (mm/dd/yy):
Last Previous Address (Street, City, State, Zip Code)	
Dates residing at previous address: From (mm/dd/yy):	To (mm/dd/yy):
Employer:	Employer's Address:

Parent/Legal Guardian #2 Name:		Relationship to Student	
Current Address (Street, City, State, Zip Code)			Date
Dates residing at current address: From (mm/dd/yy):		To (mm/dd/yy):	
Last Previous Address (Street, City, State, Zip Code)			
Dates residing at previous address: From (mm/dd/yy):		To (mm/dd/yy):	
Employer:		Employer's Address:	
Dates of employment: From (mm/dd/yy):		To: (mm/dd/yy):	
Parents' marital status:			
If separated or divorced, which parent provides half or more of the total support for the student?			
Latest tax year for which the supporting parent(s) filed a Delaware resident personal income tax return:			
Will supporting parent(s) file a Delaware resident return for the current year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
State in which supporting parent(s) are registered to vote:			
State in which supporting driver's license(s) is(are) issued:			
State in which supporting parent(s) motor vehicle(s) is(are) registered:			
Do you claim this student as a dependent on federal and state income tax returns?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , what year did you first claim student?			
If no , what year did you last claim student?			
If guardian, does parent contribute to support of student?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , to what extent?			
If parents are divorced or legally separated, does other parent contribute to support of student?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , to what extent?			
If parents are divorced or legally separated, with whom does the student live? (Please include name and complete address)			

SECTION III. CLAIM OF RESIDENCY BASED ON FINANCIAL INDEPENDENCE*(To be completed by the student claiming financial independence.)*

Name(s) and address(es) of parent(s)/guardian(s) (Street, City, State, Zip Code)

Does your parent/guardian claim you as a dependent for federal or state income tax purposes? Yes NoIf no, the last **tax year** such claim was made:Was the income of your parent or guardian considered in the determination of need for any financial aid (grant or educational loan from any source, including private loans) which you currently receive? Yes No

Date on which you became financially independent (mm/dd/yy):

Date on which you established a permanent residence separate from that of your parent/guardian (mm/dd/yy):

Location of this residence (Street, City, State, Zip)

Date on which you first established a domicile in Delaware (mm/dd/yy):

Location of this domicile (Street, City, State, Zip):

Have you resided continuously in Delaware since that time? Yes No

If no, when did you terminate Delaware residence (mm/dd/yy)?

Location to which you moved (City, State)

When did you re-establish Delaware residence (mm/dd/yy)?

Your current address in Delaware (Street, City, Zip Code):

Your address one year ago (Street, City, State, Zip Code):

List your places of employment for past 18 months:

Firm

City & State

Dates of Employment

Number of hours
employed per week

Firm	City & State	Dates of Employment	Number of hours employed per week

State in which you are registered to vote:

State in which your driver's license is issued:

State in which your motor vehicle is registered:

Latest **tax year** for which you filed a Delaware **resident** personal income tax return:Will you file a Delaware **resident** return for the current year? Yes NoDo you have tentative employment in Delaware following your graduation? Yes No*If **yes**, where?***NOTE:** Please provide written verification from employer.**SECTION IV. MILITARY PERSONNEL***(To be completed by military personnel on whom residency will be based, i.e., parent, spouse, legal guardian, or student if financially independent.) Please complete the appropriate Section II or III and respond to the following additional questions.*

Military "Home of Record":

Service Branch:

State of residence at time of entry into military service:

What is your permanent duty station?

When do you expect to leave active military service?

Where?

What do you intend to do when you leave active military service?

Latest **tax year** for which you filed a Delaware **resident** personal income tax return:Will you file a Delaware **resident** return for the current year? Yes No

SECTION V. Non-U.S. Citizens

(In addition to the appropriate Section II or III, this section is to be completed by the person on whom residency will be based if they are not a U.S. citizen, i.e., parent, spouse, legal guardian, or student if financially independent.) Non-U.S. citizens must show that they have certain visa or immigration statuses in order to have the legal ability to maintain a domicile in Delaware. Upon meeting these requirements, applicants will be subjected to the same considerations as U.S. citizens in determining residence classification for tuition purposes.

VISA type: _____ VISA registration number: _____

Has I-485 been filed? Yes No If yes, date filed (please attach copy): _____

Do you have I-551 status? Yes No If yes, please attach copy. _____

If permanent resident, date on which status was granted (mm/dd/yy): _____

(Please submit photocopy of front and back of Permanent Resident Card)

Last address listed with Immigration Office (Street, City, State, Zip Code) _____

I am a permanent resident in the state of: _____

SECTION VI. SPECIAL CONDITIONS OR CIRCUMSTANCES

In the space below please describe any conditions or circumstances which you believe are relevant to your residency classification. You may include additional information as necessary.

SECTION VII. AFFIRMATION (To be completed in all cases.)

I (We) affirm that the above information is accurate and complete and recognize that incorrect and/or incomplete information given for the purposes of misleading University officers may result in dismissal from the University and retroactive claim for out-of-state tuition.

Signature of Student

Signature of Parent or Legal Guardian who completed Section II

Date

Date

RETURN COMPLETED FORM TO APPROPRIATE OFFICE:

- ADMISSIONS—UNIVERSITY VISITORS CENTER (Undergraduate Admissions)
- GRADUATE STUDIES—HULLIHEN HALL (Graduate Admission)
- REGISTRAR—UNIVERSITY VISITORS CENTER (Post-Admission)