

Residency Reclassification Application – Student Checklist
University of Delaware Registrar’s Office

Applicant/Student Name: _____ UDID Number: _____

Enrolled as (circle one): Undergraduate student Graduate student CEND student

First term at UD: _____ Applying as: Independent Dependent

Seeking reclassification for (circle one): Fall Winter Spring Summer Year: _____

Application Due Date: First day of classes for the term in which the reclassification is sought.

1. Required documentation for all applicants:

- Residency reclassification application – all appropriate parts completed
- Most recently filed Delaware resident income tax return for the person on whom the classification depends (parent if dependent/student if independent)
- Most recently filed federal income tax return for the person on whom the classification depends (parent if dependent/student if independent)
- Proof of ownership or leasehold interest in a bona fide permanent home in Delaware that is occupied as the primary residence of the applicant.

2. Required documentation for student applying as independent:

- Detailed monthly budget showing all income and expenses (including tuition and other associated fees)
- Consecutive monthly utility bills in applicant’s name (past 12 months)
- Personal bank statements (all accounts, all pages, for the past 12 months)
- Pay stubs (last paystub for each employer for the past 12 months)

3. Additional documentation that may be submitted in support of application:

- Copy of Delaware vehicle registration for all owned and/or leased vehicles
- Copy of Delaware driver’s license
- Copy of Delaware voter registration card for the past 12 months or, for petitioners who are not U.S. citizens, a copy of a visa permanent resident card or other immigration documents.
- Evidence the applicant uses his/her Delaware address as the sole address of record for all purposes – e.g., health and auto insurance records, bank accounts, tax records, loan and scholarship records, school records, military records, etc. – for past 12 consecutive months.

For Office Use:

Date Application/Materials Submitted: _____ Staff: _____