Complete This Form if You Are Claiming In-State Tuition Classification

Carefully complete all of the following items. *Note:* You must complete this form even if you are currently enrolled at CU-Boulder as an in-state student. Failure to complete the information may result in your being misclassified or may cause delays that could affect your chances for admission. If appropriate, indicate or check NA (not applicable). Month and year are sufficient for dates more than two years past. In addition to your own information, if you are not age 23 on the first day of classes for the term for which you are applying, provide parent or court-appointed guardian information.

Former and continuing University of Colorado students previously classified as out-of-state within the past three years must submit a separate "Petition for In-State Tuition Classification" to change their status. Petitions are available from the Office of the Registrar and must be submitted to that office before registration.

Information about the Colorado resident/nonresident regulations is available from the Office of the Registrar on our web site at **registrar.colorado.edu**, by e-mail at **tuit-class@registrar.colorado.edu**, or by phone at **303-492-6868**. Married applicants under the age of 22 and applicants who are not Colorado residents but who are married to active-duty military personnel who are Colorado residents or who will be stationed in Colorado should seek further information.

Student's Name	3		Social Security No.			Student No			
Last	First Middle		y 140		Otauont N	o			
Mailing Address									
Street	City		State		Zip Code		Local Phone		
Permanent Address									
Street Age Birth Date	City		State		Zip Code		Country		
ndicate the term for which you are re	questing in-state status: Term		Year						
1. Are you a citizen of the United Sta	tes? Yes No No If not, are you a	permanent resident?	Yes 🔲 No 🖂						
2. List your most recent employers.	Employer #1	City			State	Dates	to		
	Employer #2	City			State	Dates	to		
3. Did you graduate from a Colorado	high school? Yes No No								
If yes, name of school		City				Date of	of Graduation		
4. Parent, Guardian or Spouse Name						lationship: Parent	Cuardian	Month/Year	
name, relationship, permanent	Street Address or P.O. Box					raieiii	Guardian	Spouse	
address, and employment.	City					Dates	to		
	Most Recent Employer				_				
	City				_ State	Dates	to		
			YOU		YOUR FAMILY—C		HECK ONE:		
					☐ Parent	☐ Guar	dian Spou	ıse	
				NA				NA	
	dence in Colorado (mo./day/yr.)		to			to			
Dates of extended absences from within the past two years (mo./day		to			to				
7. Dates of employment in Colorado (mo./day/yr.)			to			to			
8. List exact years for which persona	al resident Colorado income tax returns were filed							_ 🗆	
9. Dates of active duty military service (mo./day/yr.)			to			to			
Dates stationed in Colorado (mo./day/yr.)			to			to			
10. Dates you/your family member have had a Colorado driver's license (mo./day/yr.)			to			to			
Current Colorado driver's license number								_ 🗆	
11. List exact years of Colorado moto	r vehicle registration			п				_ 🗆	
Current Colorado license plate n	umber								
12. Give state in which currently regis	tered to vote								
, ,	tion (mo./day/yr.)		to			to			
•	Colorado that is your/your family member's					10			
·			to			to			
14. Are your parents separated or divorced? By typing my name below and submitting this form, I hereby certify that to the best of my knowledge the information furnished on this form			☐ No						
bereby cartify that to the best of n	ou knowledge the information furnished on this	form in true and or	manlata with aut avaaia	n or mioro	nrocontatio	n Lundareta	nd that if farind	l + o h o	

Signature