

### Application for Resident Classification

Please complete all fields as requested and **mail** to the address above. Please refer to PM-31 *Regulations for Louisiana Residency Classification for Tuition Purposes* for details on residency. Applications will not be processed if received by email.

- Name** \_\_\_\_\_  
 Last, First, Maiden or middle
- Social Security #** \_\_\_\_\_ **School** \_\_\_Allied Health \_\_\_Medicine \_\_\_Graduate Studies
- Have you applied to LSU Health Sciences Center at New Orleans?** \_\_\_No \_\_\_Yes
- Date of birth** \_\_\_\_\_ **Place of birth** \_\_\_\_\_
- Domicile address (street & apt. #)** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Date moved to** \_\_\_\_\_
- Phone #** (\_\_\_\_) \_\_\_\_\_ **Email address:** \_\_\_\_\_
- Louisiana driver’s license number** \_\_\_\_\_ **Date issued** \_\_\_\_\_  
 If renewal, list date originally issued \_\_\_\_\_
- Louisiana vehicle registration #** \_\_\_\_\_ **Date issued** \_\_\_\_\_
- Date registered to vote in LA** \_\_\_\_\_ **Ward** \_\_\_\_\_ **Precinct** \_\_\_\_\_ **Parish** \_\_\_\_\_
- If not a US citizen, type of Visa** \_\_\_\_\_ **Date Issued** \_\_\_\_\_ **Visa number** \_\_\_\_\_
- List all of your addresses (present first) for the past five years. Account for all time periods of four weeks or longer.**

Street Address	City	State	Dates

12. List all schools attended from high school to present school. (List the most recent first.)

School	City	State	Dates

13. List all the firms or persons by whom you have been employed during the past five years. (List present employer first.)

Employer	City	State	FT or PT	Dates

14. List all financial support received during the past five years. Include gifts, grants, loans, fellowships, scholarships, etc. (List the most recent first.)

Year	Source of Support	Relation to You	Address of Donor	Amount/%

15. Were you claimed as a dependent on any person's Federal or State Income Tax Return either or both of the past two years?  No  Yes If yes, complete the following:

Tax Year \_\_\_\_\_ Person Claiming You as a Dependent \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

16. Have you filed Federal or State Income Tax during the past two years?  No  Yes  
If yes, complete the following.

Tax Year \_\_\_\_\_ State where filed \_\_\_\_\_ Address on tax form \_\_\_\_\_

17. Do you own property in Louisiana?  No  Yes If yes, list the location.

\_\_\_\_\_

18. If married, give name of spouse \_\_\_\_\_

Date of marriage \_\_\_\_\_ Occupation of spouse \_\_\_\_\_

Residence of spouse \_\_\_\_\_

19. On a separate sheet of paper make a brief, but complete, statement covering the following:

- A. Your reasons for coming or returning to Louisiana
- B. Your reasons for believing that you are a domiciliary of Louisiana
- C. Any other facts relative to your resident status you wish to submit

Copies of the following items may accompany the application for residence classification. Please check all the items that you have attached.

- |                                                                                        |                                                                   |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Louisiana Driver's License                                    | <input type="checkbox"/> Louisiana Vehicle Registration           |
| <input type="checkbox"/> Louisiana Voter Registration                                  | <input type="checkbox"/> Alien Registration Card (front and back) |
| <input type="checkbox"/> Louisiana Marriage Certificate                                | <input type="checkbox"/> Louisiana Homestead Exemption            |
| <input type="checkbox"/> Louisiana Federal Tax Return (dollar amounts can be obscured) |                                                                   |
| <input type="checkbox"/> Other _____                                                   |                                                                   |

**Signature (This form will not be accepted if it is not signed and dated)**

I hereby certify that the information given in this application and all attachments thereto is true, correct, and complete to the best of my knowledge. I authorize the Louisiana State University System to verify all facts relevant to my claim for residence.

Signature of application \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_