



Office of the Registrar
1501 Kings Hwy.
Shreveport, LA 71103
Office 318.675.5207
Fax 318.675.4758
registrar@lsuhs.edu

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.

1. **Name** _____
Last, First, Maiden or middle
2. **Social Security #** _____ **School** ___Allied Health ___Medicine ___Graduate Studies
3. **Have you applied to LSU Health Sciences Center at New Orleans?** ___No ___Yes
4. **Date of birth** _____ **Place of birth** _____
5. **Domicile address (street & apt. #)** _____
City _____ **State** ___ **Zip** _____ **Date moved to** _____
6. **Phone #** (____) _____ **Email address:** _____
7. **Louisiana driver's license number** _____ **Date issued** _____
If renewal, list date originally issued _____
8. **Louisiana vehicle registration #** _____ **Date issued** _____
9. **Date registered to vote in LA** _____ **Ward** _____ **Precinct** _____ **Parish** _____
10. **If not a US citizen, type of Visa** _____ **Date Issued** _____ **Visa number** _____
11. **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.

- | | |
|--|---|
| ____ Louisiana Driver's License | ____ Louisiana Vehicle Registration |
| ____ Louisiana Voter Registration | ____ Alien Registration Card (front and back) |
| ____ Louisiana Marriage Certificate | ____ Louisiana Homestead Exemption |
| ____ Louisiana Federal Tax Return (dollar amounts can be obscured) | |
| ____ 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 ____/____/____