

**Director of Undergraduate Admissions**  
NORTH CAROLINA STATE UNIVERSITY  
BOX 7103  
RALEIGH, NORTH CAROLINA 27695-7103

\_\_\_\_\_  
\_\_\_\_\_  
Date Signature

## Residence – and – Tuition Status Application

Under North Carolina law, bona fide legal residents (domicillaries) of North Carolina are eligible for a lower tuition rate than non-residents. Copies of the applicable law and of implementing University regulations are available for inspection in the Office of Undergraduate Admissions, 112 Peele Hall. In essence, the controlling North Carolina statute (G.S. 116-143.1) requires: "To qualify as a resident for tuition purposes, a person must have established legal residence (domicile) in North Carolina and maintained that legal residence for at least 12 months immediately prior to his or her classification as a resident for tuition purposes." G.S. 116-143.1 also sets forth statutory definitions, rules, and special provisions for determining resident status for tuition purposes. The residence *Manual*, located in the Admissions Office, should be consulted for these statutory and regulatory conditions.

The law requires that prior to the term of enrollment every student admitted or readmitted to the University must be classified as a resident or non-resident for tuition purposes. To be classified a resident for tuition purposes, you must furnish such evidence as the University may require to enable it to make such classification. If you claim North Carolina residence for tuition purposes, you must file this application promptly and before the close of the term for which you claim such residence.

### DIRECTIONS

- Answer All Questions. Incomplete Forms Will Be Returned.** If any question is not applicable to your own situation, write "not applicable."
- Print or Type All Responses.** If necessary, write "see attached" in the space provided, and use separate additional sheets, numbering your responses the same as the corresponding question and stapling these sheets to this application form.
- Be Completely Accurate** to the best of your knowledge and understanding. Knowing falsification of your responses may subject you to disciplinary action including dismissal from the institution. **When "Date" is requested, give Month, Day, and Year.**
- Sign And Date** this application where indicated to make those acknowledgments and certifications necessary to render this an acceptable application.
- EVIDENCE OF YOUR CLAIM TO NC RESIDENCE SHOULD BE SUBMITTED WITH YOUR APPLICATION.**

### TYPE ALL RESPONSES OR PRINT THEM IN INK

- Applicant student's full name (Mr., Mrs., Miss, Ms) \_\_\_\_\_
- Social Security number (voluntary) \_\_\_\_\_ Citizenship \_\_\_\_\_  
(if not a U.S. citizen, attach completed Supplemental Form) If Supplemental Form attached, check here \_\_\_\_\_
- Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_
- Current Mailing address Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ since (date) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
- Permanent home street address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ County \_\_\_\_\_ since (date) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_
- Last previous home street address *in* N.C. was Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ County \_\_\_\_\_ from (date) \_\_\_\_\_ to (date) \_\_\_\_\_  
Last previous home street address *outside* N.C. was Street \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ from (date) \_\_\_\_\_ to (date) \_\_\_\_\_
- Are you currently enrolled at NCSU? \_\_\_ Yes No \_\_\_ Are you applying for admission? \_\_\_ Yes \_\_\_ No  
*Circle* the earliest term and indicate year for which you want this decision to apply and *circle* program in which you are enrolled or applying:
  - Fall, 20\_\_\_\_ Spring, 20\_\_\_\_ First Summer, 20\_\_\_\_ Second Summer, 20\_\_\_\_
  - Classification: FR SO JR SR Lifelong Education Veterinary College

8. Secondary (high or preparatory) schools you attended in sequence:
- |    | Name  | Address (place and state) | From (date) | To (date) |
|----|-------|---------------------------|-------------|-----------|
| a) | _____ | _____                     | _____       | _____     |
| b) | _____ | _____                     | _____       | _____     |
9. List *ALL* post-secondary schools (universities, colleges, junior colleges, community colleges, etc.) you have attended, in sequence (including NCSU):
- |    | Name  | Address (place and state) | From (date) | To (date) |
|----|-------|---------------------------|-------------|-----------|
| a) | _____ | _____                     | _____       | _____     |
| b) | _____ | _____                     | _____       | _____     |
10. If at any time you have applied previously for a determination of your residence status for tuition purposes to *any* public college or university in North Carolina, for EACH
- a) give name of college or university \_\_\_\_\_
- b) if your residence status was determined, circle classification      Resident      Non-Resident
- c) give term and year you were so classified \_\_\_\_\_
11. Father living? \_\_\_\_ Yes No \_\_\_\_ Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Permanent home address \_\_\_\_\_ since (date) \_\_\_\_\_
12. Mother living? \_\_\_\_ Yes No \_\_\_\_ Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Permanent home address \_\_\_\_\_ since (date) \_\_\_\_\_
13. Are your parents separated or divorced? \_\_\_\_ Yes No \_\_\_\_ If "yes," who has/had custody of children? \_\_\_\_
14. Legal Guardian? \_\_\_\_ Yes No \_\_\_\_ Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Permanent home address \_\_\_\_\_ since (date) \_\_\_\_\_  
 Court appointed at (place) \_\_\_\_\_ on (date) \_\_\_\_\_
15. Why and when did you move your home to North Carolina? (reason) \_\_\_\_\_  
 \_\_\_\_\_ on (date) \_\_\_\_\_
16. When and from what state or foreign country did you move your home and legal residence to North Carolina?  
 Moved from \_\_\_\_\_ on (date) \_\_\_\_\_
17. When do you claim that you began your legal residence (domicile) in North Carolina? (date) \_\_\_\_\_
18. Who (excluding yourself) last claimed you as an exemption on state and/or Federal income tax returns, for what tax year, and in what state filed?
- a) On state return for \_\_\_\_\_ tax year, filed in (state) \_\_\_\_\_ On (date) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to you \_\_\_\_\_
- b) On Federal return for \_\_\_\_\_ tax year, filed in (state) \_\_\_\_\_ On (date) \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to you \_\_\_\_\_
- c) Does anyone intend to claim you as a dependent on state and/or Federal income tax returns for the current tax year? \_\_\_\_ Yes No \_\_\_\_  
 If "yes," who? \_\_\_\_\_ Relationship to you \_\_\_\_\_ Returns to be filed to what state(s) \_\_\_\_\_
19. List in chronological order to date of this application *all* places you have spent at least 7 consecutive days during the past three years. Your response must include your current address, all other places lived, and vacations.
- |    | Place (city and state) | Occupation or Purpose | from (date) | to (date) |
|----|------------------------|-----------------------|-------------|-----------|
| a) | _____                  | _____                 | _____       | _____     |
| b) | _____                  | _____                 | _____       | _____     |
| c) | _____                  | _____                 | _____       | _____     |

20. When and where did you do each of the following things during the latest 24 months? List *each* time you did each such act. (If not done in the last 24 months, list **where and when** such acts were done the last time you did them; if *never done at all*, write "never"):

State/Month/Day/Year    State/Month/Day/Year    State/Month/Day/Year

- a) Voted \_\_\_\_\_
  - b) Registered to vote \_\_\_\_\_
  - c) Called to serve on jury duty \_\_\_\_\_
  - d) *Acquired or renewed* driver's license \_\_\_\_\_
  - e) Listed personal property for taxation \_\_\_\_\_
  - f) Acquired ownership of property for use as your principal dwelling \_\_\_\_\_
  - g) Filed state income tax return \_\_\_\_\_
- Did you file as a resident or non-resident? \_\_\_\_\_

- h) Had State income tax withheld during the current tax year?  Yes  No  State(s) \_\_\_\_\_  
 Beginning (Month/Day/Year) \_\_\_\_\_  
 During the previous tax year?  Yes  No  State(s) \_\_\_\_\_ Beginning (Month/Day/Year) \_\_\_\_\_
- i) Registered/licensed a motor vehicle (car, truck, or other requiring license)

Type of vehicle (list all)	where registered/licensed	Month/Day/Year
_____	_____	_____
_____	_____	_____

21. The car(s) or other motor vehicles **which you maintain and operate** in N.C. are owned by (name) \_\_\_\_\_  
 \_\_\_\_\_ (address) \_\_\_\_\_  
 Registered/licensed in (state or foreign country) \_\_\_\_\_ Insured in the name of \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_

22. List the addresses at which you own and maintain personal property (clothing, furniture, cars, boats, checking or savings accounts, stocks, bonds, pets, jewelry, appliances, etc.) and give percentage of value (of total personal property) maintained at each address:

Address	% at this address
a) _____	_____
b) _____	_____

23. List your employment for wages in the last 24 months:

Job Title	Employer	Address (place and state)	from (dates) to	Hrs. per week
a) _____	_____	_____	_____	_____
b) _____	_____	_____	_____	_____
c) _____	_____	_____	_____	_____

24. List the sources and uses of the money required to meet your expenses:

	Preceding Calendar Year (Jan.-Dec., 20__)	Current Calendar Year (Jan.-Dec., 20__)
	% of Total	% of Total
	Used for	Used for
Your earnings	_____ %	_____ %
Your savings	_____ %	_____ %
Parents(s) or Guardian	_____ %	_____ %
Name _____		
Other (specify): _____	_____ %	_____ %
TOTAL	_____ %	_____ %
	100%	100%

25. If you (1) now live regularly with, (2) have lived with during the immediately preceding 24 months, or (3) continue to maintain close ties with and periodically live with, another person (who is a relative by blood, marriage, or court order or a legal guardian of the person), or (4) have been claimed within the immediately preceding 24 months as a dependent for taxation purposes by someone other than yourself, answer the following for each such person. (Answer only for one adult person at each address.)

a) Name(s) \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 Permanent home address \_\_\_\_\_ Lived at this address  
 since (date) \_\_\_\_\_ Last previous home address \_\_\_\_\_  
 from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ Is any such person now in, or a veteran of, active  
 military service or other Federal government employment? \_\_\_\_ Yes No \_\_\_\_\_. If answer is "yes," give  
 home address upon entry \_\_\_\_\_  
 Official home address now \_\_\_\_\_ Date this address declared \_\_\_\_\_  
 Legal residence most recently claimed on DD Form 2058 (State of Legal Residence Certificate) \_\_\_\_\_  
 Date that DD Form 2058 completed \_\_\_\_\_  
 Home address upon discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

b) **Where and when** did this person do each of the following things during the last 24 months? List each time he or she did such act. (If not done in the last 24 months, where and when did he or she do these acts last? (If *never* done *at all*, write "never")):

	State/Month/Day/Year	State/Month/Day/Year	State/Month/Day/Year
1) Voted	_____	_____	_____
2) Registered to vote	_____	_____	_____
3) Called to serve on jury duty	_____	_____	_____
4) <i>Acquired</i> or <i>renewed</i> driver's license	_____	_____	_____
5) Listed personal property for taxation	_____	_____	_____
6) Acquired ownership of property for use as your principal dwelling	_____	_____	_____
7) Inclusive dates of such property ownership:	from _____ to _____	from _____ to _____	from _____ to _____
8) Filed state income tax return	_____	_____	_____
Did he/she file as a resident or non-resident?	_____	_____	_____
9) Registered/licensed a motor vehicle(s)	_____	_____	_____
10) Claimed you as an exemption on State Income tax return for ____ tax year, filed in (state) ____ on ____	_____	_____	_____
Federal Income tax return for ____ tax year, filed in _____ on _____	_____	_____	_____

26. a) Are **you** now in, or a veteran of, active military service or other Federal government employment? \_\_\_\_ Yes  
 No \_\_\_\_\_. If answer is "yes," give your home address upon entry \_\_\_\_\_  
 Your official "home of record" \_\_\_\_\_  
 Your official home address now \_\_\_\_\_ Date this home address was declared \_\_\_\_\_  
 Your home address upon discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Legal residence you most recently claimed on DD Form 2058 (State of Legal Residence Certificate)  
 \_\_\_\_\_ Date you completed this form \_\_\_\_\_

Place to which you were paid mileage upon discharge \_\_\_\_\_  
 State for which income tax was withheld from your salary \_\_\_\_\_ From what date? \_\_\_\_\_

b) If you or one of your parents are now in active military service, attach a copy of the "Leave and Earnings Statement" for the most recent pay period and for the pay period 12 months ago for each such person.

27. **If there are additional circumstances, events, or acts that you feel support your claim to North Carolina legal residence (domicile) for tuition purposes, attach a description of each, specifying the place and date of its occurrence.**

28. **Notice: North Carolina provides certain tuition benefits for spouses, family members and military dependents. Persons who qualify for these benefits include spouses of North Carolina residents, spouses and dependents of active duty military personnel stationed on North Carolina and family members of deceased or disabled emergency workers. If you believe you qualify for these benefits, you should contact the Admissions office for a supplemental form. When you have completed the supplemental form, please submit both the form and a copy of your residency status application to the Admissions office.**

The applicant may be required to have his/her parents(s) or guardian(s) to complete a parents' affidavit if it is determined that the information contained therein would be important in deciding the residency status of the applicant.

I hereby acknowledge that completion of Item 2 (Social Security number) is voluntary, is requested by the institution solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.

I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am, or have been, in attendance at this institution.

\_\_\_\_\_  
 Signature of applicant      Date

\_\_\_\_\_  
 Signature of parent or guardian also, if applicant is under 18 years of age

\_\_\_\_\_  
 Date