## The University of Tennessee at CHATTANOOGA

	for In-State Classificatio	on		
Effective S	e you are submitting your residency	v anneal to:		
Undergraduate:				
Return to:		<del></del>		
<u>Undergraduate Admissions</u>	The Graduate Sc	chool		
University Center, 101	103 Race Hall			
Dept. 5105	Dept. 5305			
615 McCallie Avenue	615 McCallie Av	enue		
Chattanooga, TN 37403	Chattanooga, TN	N 37403		
(423) 425-4157 (fax)	(423) 425-5223 (f			
In order that we may have full information with which t and return this application to the above address. You she particularly at the places marked "Documentation." All decisions regarding classification for fee and admiss In-state and Out-of-state for the Purpose of Paying Colle in each of the campus offices of Admissions and Record 1720-1-108 EFFECTIVE DATE FOR RECLASSII classification and is subsequently so classified his or h reclassification was sought. However, out-of-state tuition obtained unless application for reclassification is made to semester.  Summer Long Term: May 21, 2019  Summer Part of Term I: May 17, 2019  Summer Part of Term II: June 28, 2019	could attach supportive materials (letters, prion purposes are made in accordance witing ge or University Fees and Tuition and for s).  FICATION. If a student classified outer in-state classification shall be effective will be charged for any semester during to the classification officer on or before the Fall Semester 2019: August 23, 20 Fall Part of Term I: August 21, 20 Fall Part of Term II: October 10,	photocopies of documents, etc.), th Regulations for Classifying Students of Admission Purposes. (Copy available of-state applies for in-state we as of the date on which which reclassification is sought and the last day of regular registration of the off: 19: 19: 19: 19: 19: 19: 19: 19: 19: 10: 10: 10: 10: 10: 10: 10: 10: 10: 10		
Spring Semester 2020: January 10, 2020 Spring Part of Term I: January 8, 2020 Spring Part of Term II: February 27, 2020	Summer Semester 2020: May 19, Summer Part of Term I: May 15, Summer Part of Term II: June 26	2020		
Please type or print legibly in black ink. PERSONAL INFORMATION  1. Name	(First Name)	(Middle Name)		
2. Student Identification Number (UTC	ID#)			
3. Present Address				
(Street & Number)	(City)	(State) (Zip Code)		

4. Permanent Address\_

Telephone Number	E-mail Add	ress		
Date of Birth				
(Month)	(Day)	(	Year)	
Place of Birth(City)	(State)			
Have you been domiciled* in Tensilf no, date you began your most readdress at time you began your not	nessee continuously recent domicile in T	ennessee? _		
(Street & Number) What is the reason for coming to 7	(City) Fennessee to establi	(State) sh your mo	(Zip C	
High School(s) attended			from _	to
(Name)	(City)	(State)		(Dates of Attendance
(ranc)	•			
(Tame)			from	to
(Name)	(City) nded (other than Th	(State)		to (Dates of Attendance nnessee)
(Name)	•	(State)	y of Tei	(Dates of Attendance
(Name)  (Name)  (Name)	nded (other than Th	(State) e Universit	y of Tei	(Dates of Attendance nnessee) to (Dates of Attendance) to
(Name)  One of the contraction o	nded (other than Th	(State) e Universit	y of Tei	(Dates of Attendance nnessee) to (Dates of Attendance)
(Name)  (Name)  (Name)	nded (other than Th	(State) e University (State)	y of Ten  from _  from _	(Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance)
(Name)  (Name)  (Name)	nded (other than Th	(State) e University (State)	y of Ten  from _  from _	(Dates of Attendance nnessee) to (Dates of Attendance) to
(Name)  (Name)  (Name)  (Name)	(City)	(State) e University (State) (State)	y of Ten  from _  from _  from _	(Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance)
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(Name)  (Name)  (Name)  (Name)  (Name)  (Name)  (Name)  (Name)  (Name)	(City) (City) (City) (City) (City)	(State)  (State)  (State)  (State)  (State)  (State)  nessee?	y of Ten from from from from _	(Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance)
(Name)  (Name)  (Name)  (Name)  (Name)  (Name)  (Name)  I. Have you previously attended the Campus	(City) (City) (City) (City) e University of Tental Dates of Attendance	(State)  (State)  (State)  (State)  (State)  (State)  (state)  (state)	y of Ten _ from from from _	(Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance)
(Name)  (Name)  (Name)  (Name)  (Name)  (Name)  (Name)  I. Have you previously attended the Campus UT at Chattanooga	(City) (City) (City) (City) e University of Tento Dates of Attendance from	(State)  (State)  (State)  (State)  (State)  (State)  to to	y of Ten _ from from from from _	(Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance) to (Dates of Attendance)

(City)

(State)

(Zip Code)

(Street & Number)

## **CITIZENSHIP**

tuiti I	The Tennessee Eligibility on or state financial aid	complete and sign	n the fo	llowing staten	nent:	
	the state of Tennessee that: (check one)  I am a United States citizen; or I am an alien lawfully present in the United States					
bendindi mak und that	derstand that this statemefit. I understand that Tecated above prior to receing a false, fictitious, or fer the Tennessee False Caif I am found to have many be disciplined by The	nnessee law requipt of this public raudulent staten laims Act Tennes de a false or mis	uires me benefit nent or ssee Cod leading	to provide do . I understand representation le Annotated statement my	ocumentation verify I that knowingly and n shall subject me to 4-18-101 et seq. I un admissions may be	ing the status d willfully o liability nderstand
Sign	nature				Date	
	Are you registered to vo	federal income to	ax form	o for the previ	ous year? Yes	
(1	(City)  Documentation: Photocopy of	(State)  f address section of	form(s).	(Zip Code)		
EM	PLOYMENT (Documer	ntation: Letter from	employe	er which verifies	the below information	n.)
16.	Are you presently empl Employer's address Date of Employment Hours worked per week			Job Title		
	ANCIAL SUPPORT List every source from your support or income				ximately ten percen	

	ARITAL  . Married Single If married, spouse's national statements.	ame		
	(Last) (First) (Middle)			
	19. Has spouse been domiciled in Tennessee comes, when did spouse begin his/her most recomes (Month/Year)	•		No If
	For what reasons did spouse come to Tennessee	e to establish most r	ecent domici	le?
20.	. Is spouse employed full-time? Yes No	How long in prese	nt position? _	
21.	. Is spouse's employment in Tennessee? Yes	No Employer	s name	
PA	ARENTAL INFORMATION			
	. Father's name			
	(Last Name)	(First Name)	(Mic	ldle Name)
23.	. Father's address(Street & Number)	(City)	(State)	(Zip Code)
24.	. Mother's name(Last Name)	(First Name)		(Middle Name)
25.	. Mother's address(Street & Number)	(City)	(State)	(Zip Code)
26.	. Do you have a legally appointed guardian? Yes	No		
	If yes, guardian's name (Last Name)	(First Name)	(Middle Name	)
27.	. Guardian's address			
	(Street & Number)	(City)	(State)	(Zip Code)
28.	. If your parent(s) or guardian is not presently do been domiciled in Tennessee? Yes No			
	(Street & Number) (City)	(State)	(Zip Code)	
	Dates of previous domicile in Tennessee: from _	to		-
29.	Reason for leaving  Did either parent or your guardian claim you as	a dependant on his/	her most rece	ent income
•	tax return? Yes No (Documentation: Photocopy of address & dependent sec	_		

MI	LITARY			
30.	Have you ever served in active military service? Yes No			
	If yes, state entered service Date of entry into service			
	State in which you were discharged Date of discharge			
	Home of Record as listed on D.D. form 214			
	(Documentation: Photocopy of D.D. Form 214)			
_	TOMOBILE			
31.	Do you have a driver's license? Yes No If yes, what state			
	(Documentation: Photocopy of license)			
22	Do you own an outomobile? Vos. No. If you what state is it registered			
32.	Do you own an automobile? Yes No If yes, what state is it registered Automobile License Number			
	(Documentation: Photocopy of auto registration)			
	(Bocumentation: I hotocopy of auto registration)			
DE	AL ESTATE			
	Do you own the dwelling in which you live? Yes No			
55.	If yes, date of purchase			
	(Documentation: Photocopy of bill of sale, lease/ mortgage papers, or other public record.)			
	(Decumentation: 1 horocopy of our of state, rease, morigage papers, or other patent recording			
$\overline{OI}$	THER IN-STATE CLASSIFICATION			
_	Have you ever been classified, for tuition or fee purposes, as an in-state resident of any other			
	state? Yes No If yes, date classification was made and by whom			
_	HER INFORMATION			
35.	Provide any further information in which you wish to offer in support of your application			

## TO BE COMPLETED BY ALL APPLICANTS

My signature below is to certify to the correctness and completeness of the information supplied. It further indications that I understand that the University of Tennessee may contact any of the persons referred to above for the purpose of obtaining additional pertinent information, and that I further understand that any false information provided in the foregoing statements will disqualify me from being considered an in-state student for fee and admission purposes and I may be required to withdraw from the University of Tennessee.

Date	Signature of Applicant	
State of	County of	
Subscribed and sworn to	me before this day of _	, 20
Notary Public		_ My Commission Expires
Please do not write belo	w this line	
Determination: Resident_	Non-Resident	
By:	(Data)	
(Name)	(Date)	
Special Conditions:		