



# Fayetteville State University

## North Carolina Residency Form

All North Carolina residents must complete and return both sides of this form.

Information Relating to Claimed North Carolina Residence For Tuition Purposes—North Carolina Law (G.S. 116-143.1) requires that “To qualify for in-state tuition, a legal resident must have maintained his domicile in North Carolina for at least 12 months immediately prior to his classification as a resident for tuition purposes.” The information requested on this form must be supplied by every applicant for admission or readmission to Fayetteville State University who claims to be eligible for the North Carolina tuition rate. Complete the form and return it with your application for admission.

This information is to be used only in connection with determining of your residence status for tuition purposes.

Answer all questions. Type or print with black ink.

**1. Applicant's Full Name** \_\_\_\_\_

**2.** When do you claim your legal residence in North Carolina began? \_\_\_\_\_

**3.** Have you applied to be classified as a resident for tuition purposes at FSU during the last 12 months?  Yes  No

If yes, decision reached:  Resident  Non-resident Last term and year you were so classified \_\_\_\_\_  
Term Year

**4.** Indicate the year and check the earliest term in which you want this residency decision to apply.

Year \_\_\_\_\_  Fall  Spring  Summer I  Summer II

**5.** Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year City State

**6.** If citizenship other than U.S., indicate document status (visa, green card) \_\_\_\_\_ When obtained \_\_\_\_\_

**7. Current Mailing Address** \_\_\_\_\_ Since \_\_\_\_\_  
Street City State Zip Month Year

**8. Previous Mailing Address** \_\_\_\_\_ Since \_\_\_\_\_  
Street City State Zip Month Year

**9.** Father living?  No  Yes His name \_\_\_\_\_

**10.** Mother living?  No  Yes Her name \_\_\_\_\_

**11.** If your parents are divorced, in whose custody are/were you? \_\_\_\_\_

**12.** Name of court-appointed guardian \_\_\_\_\_ Court appointed at \_\_\_\_\_ on \_\_\_\_\_  
If Applicable Place Month Year

**13.** Have you or either of your parents been in active military service within the past 2 years?  No  Yes

**14.** If yes, what are the dates of military service? \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ If yes, location of permanent duty station \_\_\_\_\_

**15.** Check each of the following you have ever done outside North Carolina:

Attended secondary school \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  Attended post secondary school \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  Worked \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**16. Permanent Address**

Yours \_\_\_\_\_  
Father \_\_\_\_\_  
Mother \_\_\_\_\_  
Guardian \_\_\_\_\_

**17. Last Address Outside North Carolina**

Yours \_\_\_\_\_ to \_\_\_\_\_  
Father \_\_\_\_\_ to \_\_\_\_\_  
Mother \_\_\_\_\_ to \_\_\_\_\_  
Guardian \_\_\_\_\_ to \_\_\_\_\_

**18. Occupation**

	Job Title	Address (City, State)	From / To Dates	Hours/Week
Yours	_____	_____	____/____/____ to ____/____/____	_____
Father	_____	_____	____/____/____ to ____/____/____	_____
Mother	_____	_____	____/____/____ to ____/____/____	_____
Guardian	_____	_____	____/____/____ to ____/____/____	_____

**19. Who claimed you last year as a dependent on state and federal income tax returns?**

	Name	Tax Year	State
Parent	_____	_____	_____
Spouse	_____	_____	_____
You	_____	_____	_____

**20. 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 you answered YES: Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

**21. Indicate when and where each of the following was completed during the last two years. The parent or guardian section must be completed by the individual claiming you on the most recent tax return.**

	SELF	PARENT/GUARDIAN
1. Registered to Vote	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>
2. Voted	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>
3. Called to Serve on Jury Duty	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>
4. Acquired or Renewed Driver's License	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>
5. Acquired Ownership of Property for Use as Your Principal Dwelling	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>
6. Registered Licensed Motor Vehicle(s)	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____ No <input type="checkbox"/>

*If additional information is needed, the applicant will be notified.*

I certify that these responses are true to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that my knowing falsification hereon may result in disciplinary action, including denial of admission or dismissal after admission.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian if Applicant is under 18 Years of Age \_\_\_\_\_ Date \_\_\_\_\_