

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 determination of your residence status for tuition purposes.
Answer all questions. Type or print with black ink.

1. Applicants 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

If yes, what was the decision

Last term and year you were classified

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

Year

Term

5. Age

Date of Birth

Birth City and State

6. If citizenship other than U.S., indicate document status (visa, green card)

when obtained?

7. Current Mailing Address

Since?

8. Previous Mailing Address

Since?

9. Father Living?

His Name

10. Mother Living?

Her Name

11. If parents are divorced, in whose custody are/were you?

12. Name of court-appointed guardian

Court appoint at

on

13. Have you or either of your parents been in active military service within the past 2 years?

If yes, what are the dates of military service

FROM

TO

If yes, location of permanent duty station

14. Select each of the following you have ever done outside North Carolina

Worked

FROM

TO

Attended secondary school

FROM

TO

Attended post secondary school

FROM

TO

15. Permanent Address

Yours

Father

Mother

Guardian

16. Last Address Outside North Carolina

Yours

Father

Mother

Guardian

17. Occupation (Job Title)

Yours

Father

Mother

Guardian

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

Parent	<input type="text"/>	State	<input type="text"/>	Year	<input type="text"/>
Spouse	<input type="text"/>	State	<input type="text"/>	Year	<input type="text"/>
You	<input type="text"/>	State	<input type="text"/>	Year	<input type="text"/>

19. Does anyone intend to claim you as a dependent on state and/or federal income tax returns for the current year?

If you answered YES:

Name

Relationship to you

20. 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	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>
2. Voted	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>
3. Called to Serve on Jury Duty	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>
4. Acquired or Renewed Driver's License	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>
5. Acquired Ownership of Property for Use as Your Principal Dwelling	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>
6. Registered Licensed Motor Vehicle(s)	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>	<input type="text"/>	State <input type="text"/>	Date <input type="text"/>

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.

Name of Applicant:

Electronic Signature of Applicant

Date

If under 18, electronic signature of parent or guardian

Date

**To certify your responses, review your input and provide an electronic signature (type your name).*

You may submit the form by clicking the "Email Form" option above, or by saving the document and emailing it to admissions@uncfsu.edu