

Application for Classification as a Resident Student at Ball State University for Fee-Paying Purposes

This application is provided for those students who wish to appeal their current residency classification for fee-paying purposes at Ball State University. The official *Rules Determining Resident and Nonresident Student Status for Ball State University Fee Purposes* associated with this application are for your reference. Please read and carefully consider each provision of these *Rules* prior to completing the application. Additional materials to substantiate the facts and statements provided in this application may be required.

Please be advised that a student or prospective student who knowingly provides false information, refuses to provide or conceals information for the purpose of improperly achieving resident student status, shall be subject to the full range of penalties, including expulsion, provided for by the University, as well as to such other punishment which may be provided for by law.

Directions:

- Read the *Rules Determining Resident and Nonresident Student Status for Ball State University Fee Purposes*.
- Respond to all questions on this form; applications with missing information will be returned.
- If a question is inapplicable to your situation, indicate this fact with the following notation: "N/A."
- If you require additional space, please attach additional pages with the section and question number marked on each page.
- Sign this application. This application must be completed and signed by the student. Applications completed by parents or a spouse are not eligible for consideration.
- If you have any questions, please contact the Office of Bursar and Loan Administration for clarification.

Section I – Identifying Data

A. Semester You Wish Classification to Become Effective _____, _____
(semester or session) (year)

B. Name _____ BSU ID _____
(last, first, middle)

C. Current Address _____
(street, apartment number)

_____ Current Telephone _____
(city, state, zip code)

D. Permanent Address _____
(street, apartment number)

_____ Permanent Telephone _____
(city, state, zip code)

For Office Use Only – Do Not Write in This Space

Classification: R NR EffectiveDate _____ Reason/Rule _____

Signed _____ Date _____

E. Date of Birth _____ Place of Birth _____ Gender: Female Male
(month/day/year) (city/state/county)

F. Are you a U.S. Citizen? Yes No If no, type of visa: _____

G. Your Reason for Coming to Indiana: _____

Section II – Historical Residence Data

A. Name of Parents /Legal Guardian
 Father’s Name _____ Telephone _____

Mother’s Name _____ Telephone _____

B. Is Your Parents’/Guardians’ Residence Your Permanent Home? Yes No If no, when did parents’/guardians’ residence cease to be your home? _____
(month/year)

C. Are you claimed as a dependent for income tax purposes by anyone other than yourself? Yes No If yes, by whom? _____

D. Are you registered to vote? Yes No If yes, where? _____
(city, state)

E. When did you last vote? _____ Where? _____
(month/year) (city, state)

F. Do you have a driver’s license? Yes No If yes, from which state? _____

G. Do you own any real property? Yes No If yes, what type? _____
(residence, farm, etc.)

Location of Property _____
(city, state, country)

H. When did you first reside in Indiana? _____
(month/day/year)

J. If you left Indiana for employment or school, when did you return on a permanent basis? _____
(month/day/year)

K. List all addresses where you have resided in the past four years:

Dates		Street	City	State
From (mm/yyyy)	To (mm/yyyy)			

L. Father's Information:

1. What is his occupation? _____
2. What is his permanent address? _____
3. What is his actual whereabouts? _____
If actual whereabouts is different from permanent address, state length of time he has been at present place and give reason for the change (health, temporary employment, etc.). _____

4. If living in Indiana, how long (continuously) has he been living here? _____

5. Where was his last previous home and how long did he live there? _____

6. State his place of residence for the past five years:
From _____ to _____ _____
(month, year) (month, year) (place)

From _____ to _____ _____

From _____ to _____ _____

From _____ to _____ _____

From _____ to _____ _____

M. Mother's Information:

7. What is her occupation? _____
8. What is her permanent address if different than father's address? _____
9. What is her actual whereabouts? _____
If actual whereabouts is different from permanent address, state length of time she has been at present place and give reason for the change (health, temporary employment, etc.). _____

10. If living in Indiana, how long (continuously) has she been living here? _____

11. Where was her last previous home and how long did she live there? _____

12. State her place of residence for the past five years if different than father's:
From _____ to _____ _____
(month, year) (month, year) (place)

From _____ to _____ _____

From _____ to _____ _____

From _____ to _____ _____

From _____ to _____ _____

Section III – Marital Data

A. What is your marital status? Single Married Widowed Separated Divorced

B. Date of Marriage _____ Place of Marriage _____
(month/day/year) (city, state)

C. Name of Spouse _____ Telephone _____
(last, first, middle, former)

D. Address of Spouse _____
(street, apartment number)

(city, state, country, zip code)

E. Is spouse currently enrolled at BSU? Yes No If yes, what is the spouse’s BSU ID: _____

F. Is spouse enrolled at any other institution? Yes No
 If yes, what institution and location? _____

G. Is spouse currently employed? Yes No If yes, where? _____

Date of Spouse’s Employment _____ Occupation _____ Full-Time Part-Time

Section IV – Education and Employment Data

A. Are you currently enrolled at BSU? Yes No Date you first enrolled at BSU _____
(month/year)

B. Current Class Level: Undergraduate Master’s Doctoral/Professional Non-Degree

C. What is your present/future career objective? _____

D. List dates of attendance, addresses, and degrees received (if applicable) from all high schools, colleges or universities you have attended:

Dates		Institution	City	State	Degree	Did you pay resident fees?
From (mm/yyyy)	To (mm/yyyy)					
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

E. List all dates of employment (including military service), employers and addresses of employers for the past four years:

Dates		Employer	City	State	Full-Time or Part-Time
From (mm/yyyy)	To (mm/yyyy)				
					<input type="checkbox"/> Full <input type="checkbox"/> Part
					<input type="checkbox"/> Full <input type="checkbox"/> Part
					<input type="checkbox"/> Full <input type="checkbox"/> Part
					<input type="checkbox"/> Full <input type="checkbox"/> Part
					<input type="checkbox"/> Full <input type="checkbox"/> Part
					<input type="checkbox"/> Full <input type="checkbox"/> Part
					<input type="checkbox"/> Full <input type="checkbox"/> Part
					<input type="checkbox"/> Full <input type="checkbox"/> Part
					<input type="checkbox"/> Full <input type="checkbox"/> Part
					<input type="checkbox"/> Full <input type="checkbox"/> Part

Section V – Financial Data

List sources, dates and amounts of all monies (e.g. income from employment, student financial assistance, gifts, loans, trust funds, etc.) received by you and your spouse within the past two years. In addition, indicate the recipient of such monies (self or spouse):

Dates		Source	Amount	Recipient
From (mm/yyyy)	To (mm/yyyy)			
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse
				<input type="checkbox"/> Self <input type="checkbox"/> Spouse

Section VI – Personal Statement

This statement is to detail your claim to resident student status and needs to include:

- your purpose for coming to Indiana,
- your predominant purpose for remaining in the state,
- special or unusual circumstances regarding your request for classification, and
- specific paragraph reference from the official *Rules Determining Resident and Nonresident Student Status for Ball State University Fee Purposes* reference to the *Regulations* whereby you believe you qualify as resident.

This statement must be completed and signed by the student, rather than by the student's parent or spouse. This statement is required even in cases where additional statements and/or documentation from the student's family is provided.

If you require additional space, please attach pages with Section VI marked on each page.

Section VII – Certification

Upon request, I will provide additional materials required to substantiate all facts and statements contained in this application. I understand that if I knowingly provide false information or refuse to provide or conceal information for the purpose of improperly achieving resident student status, I am subject to the full range of penalties, including expulsion, provided for by the University, as well as to such other punishment which may be provided by law.

(student signature)

(date)