



## NORTH DAKOTA RESIDENCY TUITION APPLICATION

Prior to completing an application for residency, review the resident tuition law and guidelines on the State Board of Higher Education website under North Dakota University System Procedures:

<http://www.ndus.nodak.edu/makers/procedures/NDUS/default.asp?PID=280&SID=57>

All applications require one proof of residency document:

- North Dakota driver's license issued at least 12 months prior to semester starting date.
- Twelve months of utility bills where the service address is in North Dakota and the bill is addressed to the person claiming residency and mailed to a North Dakota address.
- Twelve months of Rent/Mortgage receipts in the name of applicant.

A. Full Name of Student:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_

Student ID: \_\_\_\_\_

B. E-mail Address: \_\_\_\_\_

C. Home physical address: (Note: P.O. Boxes are not acceptable in determining ND residency.) If your home address in Campus Connection does not list the address provided on this application as your home address, Student Finance will update the home address field to match the address provided in Campus Connections.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

D. For what Term are you applying for the North Dakota resident tuition rate: \_\_\_\_\_

E. What is your country of citizenship? \_\_\_\_\_

If you are an international student, please submit a copy of your Green Card, current Visa or your I-94 Visa bearing endorsement by the Immigration and Naturalization Service after completing this application.

If other than U.S., state the type, number and date of issue of your current Visa, Green Card or I-94.

\_\_\_\_\_

International students with a F1 Visa type do not qualify for the North Dakota resident tuition rate unless graduated from a North Dakota high school.

F. Resident Student Status:

I claim residency for tuition purposes based on (check all that apply):

- My guardian, custodial parent or parents have been legal residents of North Dakota for the 12 months immediately prior to the beginning of the academic term.

or

- I am a dependent child whose custodial parent moved into the state of North Dakota with the intent to establish legal residency for a period of years within the last 12 months immediately prior to the beginning of the academic term. "Dependent" means only a person claimed as a dependent on the most recent federal tax return.

Name of custodial parent or guardian: \_\_\_\_\_

If parent has resided in North Dakota for less than 12 months:

Place of Employment: \_\_\_\_\_

Date moved to North Dakota: \_\_\_\_\_

- I am 18 years of age or older, am a legal resident of North Dakota and have resided in this state since reaching the age 18 for 12 months immediately prior to the beginning of the academic term.
- I graduated from a North Dakota high school.

High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

- I am a full-time active duty member of the armed forces, a member of a ND National Guard unit, or a Veteran as defined in NDCC section 37-01-40.

or

- I am a spouse or a dependent of a full-time active duty member of the armed forces, a member of a North Dakota National Guard unit, a member of the armed forces reserve component stationed in North Dakota, or a veteran as defined in NDCC section 37-01-40, provided the veteran is able to transfer entitlement under the Post 9-11 Veterans Educational Assistance Act of 2008 [38 U.S.C. 3301].

Branch: \_\_\_\_\_

Installation: \_\_\_\_\_

Expected termination date of that assignment: \_\_\_\_\_

- I am a benefited employee of the North Dakota university system or I am a spouse or dependent of a benefited employee:

or

- I am married to a person who is a resident for tuition purposes:

Name of Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- I was a legal resident of this state for at least three consecutive years within six years prior to the beginning of the academic term. List all places and dates of residence during the past 6 years:

	Place of Residence:	Date:
1.		
2.		
3.		
4.		
5.		
6.		

- I am a child, stepchild, widow, or widower of a veteran (as defined in NDCC section 37-01-40) who was killed in action or died from wounds or other service-connected causes, was totally disabled as a result of service-connected causes, died from service-connected disabilities, was a prisoner of war, or was declared missing in action.

Name of Spouse or Parent: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_