This form is intended for use by returning UD students who seek a change in residency classification, or those whose status cannot be determined from the usual information submitted with the application for admission to the University. Applications and ALL supporting documentation are due in a single submission by the first day of classes for the term in which a reclassification is sought. **Changes in student status are not retroactive.**  Applications received after the first day of classes for the stated term will be considered for the next term. Answer all questions completely; missing information or the need for additional documentation will delay review of your request. Applicants are expected to pay their tuition bill at the non-resident rate by the stated deadlines. All communications will be with the applicant (student) via their University of Delaware email account.

|  |
| --- |
| **Section A: Student Information – To be completed by all applicants** |
| Student Name |  | UD ID # |  |
| Local Address |  | Permanent Address |  |
| Date of Birth |  | Email Address |  |
| Local Phone # |  | Permanent Phone # |  |
| Citizenship Status | * U.S. Citizen
* Permanent resident (attach copy of permanent resident card)
 | * Non-U.S. Citizen (attach any documentation that applies to you – copy of current visa, I-485 - application for permanent residency, high school transcript, etc.)
 |
| Current Student Status: circle one | Undergraduate Graduate Continuing Education | Have you previously applied for in-state classification?*Term & Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Has a parent, sibling, or spouse applied for in-state classification?**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  Y N Y N |

|  |
| --- |
| What is the basis of your application? (Please check only one.) |
| * Financially Independent Student’s Domicile
 | * Parents’/Guardians’ Domicile (Dependent Student)
 | * Military Exception
 | * Applicant seeing permanent U.S. residency
 |

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| Term and year for which you are applying for reclassification of your tuition and fee status.**(Must be for a future term that has not yet started; reclassification decisions are not retroactive.)** |
| * Summer \_\_\_\_\_\_\_\_\_\_\_\_
 | * Fall \_\_\_\_\_\_\_\_\_\_
 | * Winter \_\_\_\_\_\_\_\_\_\_
 | * Spring \_\_\_\_\_\_\_\_\_\_
 |

1. **Check all of the following characteristics that apply to you:**

|  |  |  |
| --- | --- | --- |
| * Age 24 or older as of the first day of the term in which you intend to qualify for in-state tuition
 | * Ward of the court or was a ward of the court until age 18
 | * Both parents are deceased and have no adoptive or legal guardian
 |
| * Veteran or active duty member of the U.S. Armed Forces
 | * Legal dependents other than a spouse
 | 🞏 DE National Guard or Reservist |

1. **List your residences for the past 24 months from today’s date:**

|  |  |  |
| --- | --- | --- |
|  | **Residence 1** | **Residence 2** |
| Street Address |  |  |
| City |  |  |
| State, ZIP |  |  |
| MM/DD/YY – MM/DD/YY |  |  |

1. **List your places of employment for the past 24 months from today’s date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Firm** | **City & State** | **Dates of Employment** | **Hours Per Week** | **Remote?****Y/N** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **If you, your parent, or spouse has served in the U.S. Armed Forces, Reserve component of the U.S. Armed Forces, or National Guard Unit, please complete the questions below:**

|  |  |
| --- | --- |
| **Service Member (circle one): Student Parent of Dependent Student Spouse**  |  |
| 1. Is the service member currently serving on active duty in the U.S. Armed Forces?
 |  Y N |
| 1. Is the service member currently serving in the DE National Guard or DE Army or Air Force Reserves?
 |  Y N |
| 1. Is the service member a veteran of either of the above?
 |  Y N |
| 1. Are you using educational assistance under Chapter 30 (Montgomery GI Bill), Chapter 31 (Voc. Rehab.), Chapter 33 (Post-9/11 GI Bill), or Chapter 35 (Dependents/Survivors)?
 |  Y N |
| 1. Are you using *transferred* Chapter 33 (Post-9/11 GI Bill) or Chapter 35 (Dependents/Survivors) benefits?
 |  Y N |

1. **Provide a written statement explaining how you meet the criteria for in-state classification for tuition and fee purposes.**

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| **Section B: Dependent Student - Parent, Legal Guardian, or Spouse Information** |

***Financially dependent students claiming in-state classification based on parent/guardian/spouse domicile should complete this section.***

|  |  |
| --- | --- |
| **PARENT/LEGAL GUARDIAN #1/SPOUSE NAME:** | **PARENT/LEGAL GUARDIAN #2 NAME:** |
| Marital Status (circle one): Married Not Married Divorced Legally Separated Widowed Other: |
| *Provide* ***current address*** *where parent/legal guardian/spouse physically resides and indicate effective dates of address.* |
| Street | Street |
| City State ZIP | City State ZIP |
| From: To: | From: To: |
| *Provide* ***last previous address*** *where parent/legal guardian/spouse physically resided and indicate effective dates of address.* |
| Street | Street |
| City State ZIP | City State ZIP |
| From: To: | From: To: |

|  |  |
| --- | --- |
| **PARENT/LEGAL GUARDIAN #1/SPOUSE’S EMPLOYER:** | **PARENT/LEGAL GUARDIAN #2 EMPLOYER:** |
| Street | Street |
| City State ZIP | City State ZIP |
| Job Title: | Job Title: |
| Employment Status (circle one): Full-time Part-time | Employment Status (circle one): Full-time Part-time |
| From: To: | From: To: |

|  |
| --- |
| **Section C: Financially Independent Student Information** |

***Students under the age of 24 claiming in-state classification based on financial independence should complete this section.***

|  |  |
| --- | --- |
| **PARENT/LEGAL GUARDIAN #1/SPOUSE NAME:** | **PARENT/LEGAL GUARDIAN #2 NAME:** |
| Marital Status (circle one): Married Not Married Divorced Legally Separated Widowed Other: |
| *Provide* ***current address*** *where parent/legal guardian/spouse physically resides and indicate effective dates of address.* |
| Street | Street |
| City State ZIP | City State ZIP |
| From: To: | From: To: |
| *Provide* ***last previous address*** *where parent/legal guardian/spouse physically resided and indicate effective dates of address.* |
| Street | Street |
| City State ZIP | City State ZIP |
| From: To: | From: To: |

1. **Do your parent(s)/guardian(s)/spouse provide 50% or more of your support or claim you as a tax dependent? If no, when was the last year such a claim was made?**
2. **Date on which you became financially independent (MM/YYYY):**
3. **Date on which you established a permanent residence separate from that of your parent(s)/guardian(s) (MM/YYYY):**
4. **If you are married, does your spouse provide over 50% of your financial support? If not married, write “NA.”**
5. **Was the income of your parent or guardian considered in the determination of need for financial aid (including federal grants, state grants, or loans from any source, including private loans) which you currently receive?**

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| **Section D: Supplemental Information** |

***Applicants should complete/answer all questions in the chart below.  Financially dependent applicants should provide both student and parent information; financially independent applicants need only provide student information.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Did you file a federal tax return listing your Delaware address as your state of domicile?** | **Student:** | * Yes
 | * No
 |
|  | **Parent:** | * Yes
 | * No
 |
| **Did you file a Delaware resident income tax return showing paid Delaware income tax on all taxable income, including income earned outside of Delaware?** | **Student:** | * Yes
 | * No
 |
|  | **Parent:** | * Yes
 | * No
 |
| **If no, were taxes paid to:** | **Student:** | * Another state
 | * Not filed
 |
|  | **Parent:** | * Another state
 | * Not filed
 |
| **d. Are you registered to vote in Delaware?** | **Student:** | * Yes
 | * No
 |
|  | **Parent:** | * Yes
 | * No
 |
| **e. If no, please note where you are registered to vote:** | **Student:** | * Another state
 | * Not registered
 |
|  | **Parent:** | * Another state
 | * Not registered
 |
| **f. Do you hold a valid Delaware driver’s license?** | **Student:** | * Yes
 | * No
 |
|  | **Parent:** | * Yes
 | * No
 |
| **g. If no, do you hold a license in:** | **Student:** | * Another state
 | * Not licensed
 |
|  | **Parent:** | * Another state
 | * Not licensed
 |
| **h. Do you have use of and operate a motor vehicle registered in Delaware?** | **Student:** | * Yes
 | * No
 |
|  | **Parent:** | * Yes
 | * No
 |
| **i. If no, please note where the vehicle is registered:** | **Student:** |  |  |
|  | **Parent:** |  |  |

1. **Where were/are you physically located during the week of Thanksgiving, as well as Winter, Spring, and Summer breaks?**
2. **Did you have health insurance last calendar year? If so, whose policy are you covered under? Who was responsible for paying the premium and what was the approximate cost of the premium?**
3. **Do you have health insurance in this calendar year? If so, whose policy are you covered under? Who was responsible for paying the premium and what was the approximate cost of the premium?**
4. **Did you have the use of an automobile in this or last calendar year? If so, who owns/owned the automobile? If you were not the owner, did you compensate the owner(s) for the use of the automobile? If so, what amount? Please specify whether you compensated the individual(s) on a monthly or yearly basis.**
5. **Did you have auto insurance in last calendar year? If so, who was responsible for paying the premium and what was the approximate cost of the premium?**
6. **Do you have auto insurance in this calendar year? If so, who is responsible for paying the premium and what is the approximate cost of the premium?**
7. **Please list your earnings from work, by year, for this calendar year (estimate) and the last two calendar years (Line 1 of the federal 1040 tax form – Wages, salaries, tips, etc.):**
8. **Have you ever attended another college or university? If so, please list the schools and approximate dates of attendance below.**
9. **When and why did you move to Delaware?**
10. **Where and when did you graduate from high school? Please list address(es) and dates.**
11. **What are your post-graduation plans? Please attach any documentation you have confirming your post-graduation plans.**

|  |
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| **Section E: Certification and Signature(s)** |

*I hereby certify that all information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition and/or disciplinary action by the university. I agree to furnish the university with supporting documentation related to my application in a timely manner. I realize that failure to supply additional information may result in a denial of my application.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Legal Guardian or Spouse (if dependent applicant) Date**

|  |
| --- |
| **Section F: Required Documentation** |

**Dependent Applicants**

1. Application for Reclassification
2. Federal and State tax returns: Parent(s)/Guardian(s)/Spouse most recently filed returns, including signature pages, as well as all accompanying W-2s, 1099s, and Schedules C and E. Please redact any SSNs and bank account information.
3. Pay stub: Parent(s)’/Guardian(s)’/Spouse’s most recent paystub for each employer in the last 12 months.
4. Proof of domicile: A copy of a complete, fully executed lease agreement(s) or property deed for Delaware domicile.
5. Photo identification: A copy of parent(s)/guardian(s)/spouse and student’s driver’s license or state identification card.
6. Automobile registration: A copy of auto registrations for all owned/leased vehicles.
7. Severance of out-of-state ties:
	1. A complete, fully-executed copy of proof of home sale or proof of termination of lease agreement.
	2. Proof of relinquishment and/or dissolution of ownership or interest in any business, partnership, and the like, located outside the state of Delaware, if applicable.
8. Guardianship (if applicable): Copy of the complete, fully executed guardianship agreement.
9. Marriage certificate: If dependent on spouse.
10. Employment verification: Letter from parent’s/guardian’s/spouse’s employer on company letterhead verifying current full-time employment, work location of employee, Delaware withholding tax, and employer’s physical address. (if applicable)

**Financially Independent Applicants**

1. Application for Reclassification
2. Federal and State tax returns: Student’s most recently filed returns, including signature pages, as well as all accompanying W-2s, 1099s, and Schedules C and E. Please redact any SSNs and bank account information.
3. Pay stub: Student’s most recent paystub for each employer in the last 12 months.
4. Proof of domicile: A copy of a complete, fully executed lease agreement(s) or property deed for Delaware domicile.
5. Photo identification: A copy of student’s driver’s license or state identification card.
6. Automobile registration: A copy of auto registrations for all owned/leased vehicles.
7. Severance of out-of-state ties:
	1. A complete, fully-executed copy of proof of home sale or proof of termination of lease agreement.
	2. Proof of relinquishment and/or dissolution of ownership or interest in any business, partnership, and the like, located outside the state of Delaware, if applicable.
8. Employment verification: Letter from employer on company letterhead verifying current full-time employment, work location of employee, Delaware withholding tax, and employer’s physical address. (if applicable)
9. Detailed Income/Expense Report: Found on the residency website, note all income/expenses for the past 12 months.

**Active-Duty Military or Honorably Discharged Veteran Applicants** – Additional documentation per your specific situation:

1. Veterans: A copy of your DD-214
2. Active Military/Reserves, DE Army or Air National Guard: Copy of your most recent Leave and Earnings Statement (LES) and documentation of your military Home of Record, permanent duty station, and state of residence at the time of entry into military service.

**U.S. Permanent Residents/Applicants Seeking Perma\nent Residency** – Additional documentation per your specific situation:

1. A copy of front and back of U.S. Permanent Resident card, I-551 stamp, or certificate of citizenship or naturalization for parents and student.
2. Applicants for permanent residency should provide all documentation to date.

***Please note:*** The University may request additional supporting documentation depending on the applicant’s individual circumstances and will consider the quality of evidence, rather than merely the quantity. Providing some or all of the documentation requested by the University will not necessarily result in being classified as a resident.