



RESIDENCY INFORMATION FORM

East Tennessee State University - School of Graduate Studies - P.O. Box 70720 - Johnson City, Tennessee - 37614-1710

Return to: Office of Graduate Studies Box 70720 Johnson City, TN 37614-1710

Complete this form for evaluation of residency status.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

A. STUDENT INFORMATION

CURRENT DATE

E# (if available)

Full Legal Name LAST FIRST MIDDLE MAIDEN SURNAME

Are you currently enrolled at ETSU? Yes No If no, are you currently enrolled as a full-time student (as defined by your institution) at any college or university? Yes No

College Name

City and State

Sex Male Female Marital Status Married Single

If presently married, date of marriage

Date of Birth MONTH DAY YEAR Place of Birth CITY COUNTY STATE

U.S. Citizen Yes No If no, type of visa

Legal permanent address at time of this application

STREET CITY STATE ZIP CODE

COUNTY (AREA CODE) TELEPHONE NUMBER

Length of time at this address Years Months

Do you own or rent this dwelling? own rent Other (explain on a separate sheet, if necessary)

How long have you lived in Tennessee (or a border county*)? Years Months

Why did you move to Tennessee (or a border county)?

Voter Registration State

Driver's License Number State Date Issued

*Residents of border counties (Ashe, Avery, Haywood, Madison, Mitchell, Yancy, or Watauga counties in North Carolina, or Grayson, Lee, Scott and Washington counties, or Bristol city in Virginia) are eligible for in-state tuition if they complete the request for in-state tuition rate form (page 39) in addition to this form by the 14th day of the semester.

B. PARENTAL INFORMATION

Name and Address

LAST	FIRST	MIDDLE		
STREET		CITY	STATE	ZIP CODE
(AREA CODE) TELEPHONE NUMBER				

Length of time at this address Years Months

Have your parents surrendered the right to care, custody, and earnings of you? Yes NoWere you claimed as a dependent on the most recent income tax return by your parents? Yes No**C. EMPLOYMENT**

Please list your most recent places of employment.

1.	NAME OF EMPLOYER	STREET	CITY	STATE	Currently Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	DATE OF EMPLOYMENT	FULL- OR PART-TIME					
2.	NAME OF EMPLOYER	STREET	CITY	STATE			
	DATE OF EMPLOYMENT	FULL- OR PART-TIME					
3.	NAME OF EMPLOYER	STREET	CITY	STATE			
	DATE OF EMPLOYMENT	FULL- OR PART-TIME					

If married, spouse's occupation and place of employment:

NAME OF EMPLOYER	STREET	CITY	STATE
DATE OF EMPLOYMENT	FULL- OR PART-TIME		

D. Please use this space for additional comments.

E. I certify that the information presented in this form is correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

DATE

This form must be processed by the last day of registration (official census date) of the semester in order to be effective with that semester.