

**University of Colorado Denver
Downtown Campus
Residency Amendment Form**

You have indicated on your application for admission that you are a Colorado resident for tuition purposes. However, you have not provided sufficient information to be classified as a resident. If you wish further consideration, please complete this form and return it to the Admissions Office within ten days.

Section A- To be completed by the student:

Indicate the term you will begin classes at UC Denver: Fall Spring Summer 20____

Student's

Full Name Last, First, Middle _____

Student

Number _____

Address

City

State

Zip

Age _____ Birth Date _____ Marital Status _____ Date Married _____

Maiden Name _____ Business Phone _____ Home Phone _____

Student status: Graduate Undergraduate Non-Degree

**Section B- Student or Parent
(Please read instructions before completing)**

If you are a student who will be 23 years of age or older on the first day of the semester for which you are enrolling at UC Denver, complete this section with your information.

If you are a student who will be **under the age of 23** on the first day of the semester for which you are enrolling at UC Denver, complete this section with information **relevant to your parent(s)**.

If you are a student who will be under the age of 23 on the first day of the semester and your parent does not live in Colorado please call the Tuition Classification Officer at 303-556-2627.

Circle if the following information is for the **STUDENT** or the **PARENT**.

1. Are you a citizen of the United States? Yes No
If not, are you a permanent resident? Yes No

- ❖ Attach a photocopy of both sides of the student's Alien Registration Card.
- ❖ If Visa is non-educational, attach a copy and an explanation for its issuance.

2. When did you first begin living in Colorado? Month _____ Day _____ Year _____
Have you left the state for any reason since that time? Yes No
If yes, **FROM** Month _____ Day _____ Year _____ **TO** Month _____ Day _____ Year _____

When did your last continuous period of residence in Colorado begin? Month _____ Day _____ Year _____
Please explain any absences of more than one year. Give supporting evidence if necessary.

(OVER)

3. Employment History (list most current employer first):
Employer (Firm) _____ City, State _____
From ___ / ___ / ___ to ___ / ___ / ___ _____
From ___ / ___ / ___ to ___ / ___ / ___ _____
From ___ / ___ / ___ to ___ / ___ / ___ _____

4. If you drive a motor vehicle, in which state is it registered? _____
If Colorado, **exact date** of first registration in Colorado: Month _____ Day _____ Year _____

Colorado license plate number _____
5. Do you have a current driver's license? Yes No
In what state was it issued? _____ Date of issue: Month _____ Day _____ Year _____

Colorado driver's license number _____

Do you have a state identification card? Yes No
In what state was it issued? _____ Date of issue: Month _____ Day _____ Year _____

Colorado non-driver's identification number _____

6. Are you registered to vote? Yes No

If yes, in what state? _____
If in Colorado, give date of earliest registration _____ latest registration _____

7. What specific years did you file Colorado Income Tax Returns, if any: _____, _____, _____
List **exact years** you filed returns in another state _____, _____, _____

8. If you own a home in Colorado which is your primary residence, when was the purchase date? _____

9. Have you served in the armed forces during the past two years? Yes No

If yes, list dates of service: **From** _____ **To** _____

❖ Attach a **verified** copy of your most recent W-4 on file with your military personnel office OR copies of your Leave and Earnings Statements (LES's) for the period.

Have you taken a military waiver on Colorado license plates? Yes No

Have you changed your state of legal residence for income tax purposes to Colorado?
 Yes No, When ___ / ___ / ___

I hereby certify that, to the best of my knowledge, the information furnished in this application is true and complete. I understand that if found otherwise, it is sufficient cause for rejection or dismissal.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Guardian _____ (Include a copy of the court order).
(If student is under 18 yrs of age)

Return completed form to:
University of Colorado Denver
Office of Admissions – Residency Officer
Campus Box 167, P.O. Box 173364
Denver, CO 80217-3364
Or fax to 303-556-4838

It is the student's responsibility to verify his residency status at www.cudenver.edu. In the event that resident status is not granted based on the information on this form, you may request a Petition for In-State Tuition. The Petition must be submitted with supporting documentation and notarized signature by the **first day of the semester** for which you are claiming residency.