

LOUISIANA STATE UNIVERSITY SYSTEM
Application for Resident Classification

Applications for reclassification from non-resident status shall be filed with the Admissions Office not later than 21 calendar days following the first day of classes of the term for which such reclassification is sought. Such application shall include any information or documents required by the University, together with any supporting evidence which the student desires to submit. Failure to comply timely with the appeals procedure shall constitute a waiver of all claims for reclassification for the applicable term or terms.

Applicants must complete all items. Incomplete forms shall not be considered.

PLEASE TYPE OR PRINT IN BLACK INK

1. Name: _____
(Last) (First) (Maiden or Middle)

2. Soc. Sec. No: _____ Campus: _____

3. Date of Birth: _____ Place of Birth: _____

4. Domicile Address – Street: _____

City: _____ State: _____ Zip: _____

Parish: _____

5. Date moved to address shown in item #4 - Month: _____ Day: _____ Year: _____

6. If not a U.S. citizen, type of VISA: _____

Date Issued: _____ VISA No: _____

7. Louisiana driver's license number: _____ Date issued: _____

If renewal, list date original LA driver's license was issued: _____

Louisiana vehicle registration number: _____ Date issued: _____

8. Date registered to vote in Louisiana: _____ Ward: _____

Precinct: _____ Parish: _____

9. List all of your addresses (present address first) for the past five years. Account for all time periods of two weeks or longer (include vacations). Continue on back of sheet, if necessary.

Street Address	City	State	Dates from - to
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Last Name)

(First)

10. List all schools attended from high school to present date:

School	City and State	Dates attended from - to

11. List all firms or persons by whom you have been employed during the past five years. List your present employer first.

Employer	City and State	Dates Employed From – to	Full time or Part time

12. List all financial support received during the past five years (including gifts, grants, loans, fellowships, scholarships, etc.):

Year	Source of Support	Relationship to you	Address of Donor	Amt./Percent

13. Were you claimed as a dependent on any person’s Federal or State Income Tax Return During either or both of the past two year? Yes No
If yes, complete the following: TaxYear: _____

Name of person claiming you as a dependent

Relationship

14. Have you filed a Federal or State Income Tax during the past two years?

_____ Yes _____ No. If yes, for tax year: _____

State where filed _____ Address shown on tax return _____

15. Do you own property in Louisiana? _____ Yes _____ No

If yes, list location: _____

16. If married, give name of spouse: _____

Date of marriage: _____ Spouse's Occupation: _____

Spouse's employer & address: _____

17. On a separate sheet of paper, type a brief, but complete statement covering:
(1) your reasons for coming or returning to Louisiana, (2) your reasons for believing that you are a qualifying resident of Louisiana, (3) any other facts relative to your resident status that you wish to submit.

18. Signature: (this form will not be accepted if not signed and dated)

I hereby certify that the information given in this application and in all attachments thereto is true, correct and complete to the best of my knowledge. I authorize the Louisiana State University System to verify all facts relevant to my claim for residence.

Signature of applicant _____ Date _____

CLASSIFICATION ASSIGNED BY REGISTRAR

RESIDENT EFFECTIVE _____ NONRESIDENT _____

Approved by: _____ Date: _____

APPEAL OF CLASSIFICATION DECISION WILL BE GOVERNED BY LSU
EUNICE'S POLICY STATEMENT 8 (PS08)

SUPPLEMENTARY RESIDENCE INFORMATION SHEET

Name of Student _____ SS# _____

Present Home Address _____
(STREET AND NUMBER)

(CITY) (STATE) (TELEPHONE) Since _____
(MONTH/YEAR)

This is to certify that my residence began in Louisiana on this date:
_____/_____/_____
(YEAR) (MONTH) (DAY)

(DATE) (SIGNATURE)

TO BE COMPLETED BY WELL-KNOWN CITIZEN (LANDLORD, BANKER, LAWYER, ETC.):

This is to certify that the information shown above concerning the residence of

_____ is correct.
(Student's Name)

(SIGNATURE) (NAME OF FIRM)

(DATE) (POSITION)



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SUPPLEMENTARY RESIDENCE INFORMATION SHEET

Name of Student _____ SS# _____

Present Home Address _____
(STREET AND NUMBER)

(CITY) (STATE) (TELEPHONE) Since _____
(MONTH/YEAR)

This is to certify that I have been a () full-time () part-time employee of:

(NAME OF FIRM)

Place of Employment in Louisiana _____
(CITY)

Date Employment Began In Louisiana with the Above Firm _____ / _____ / _____
(MONTH) (DAY) (YEAR)

Date Employment Ended In Louisiana with the Above Firm _____ / _____ / _____
(MONTH) (DAY) (YEAR)

Are You Presently Employed With the Above Firm?: YES _____ NO _____

(DATE) (SIGNATURE)

TO BE COMPLETED BY EMPLOYER:

His/Her employment is/was: () PART-TIME () FULL-TIME Employee

Worked an Average of _____ Hours per Week.

This is to certify that the information shown above concerning the employment of _____ is correct.

(NAME OF FIRM) (SIGNATURE OF EMPLOYER)

(PHONE NUMBER) (POSITION)