

**Morehead State University**  
Office of Admissions  
100 Admissions Center  
Morehead, KY 40351-1689

**RESIDENCY APPLICATION**

~ Office Use Only ~

|                                                                                                                                                                                                                     |                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Date Application Received: _____<br>Date of first day of classes of term for<br>which applicant seeks reclassification: _____<br>Is affidavit filed in a timely manner<br>(30 days of first day of classes)?: _____ | Decision: _____<br>Effective _____ Date: _____<br>By: _____<br>Date: _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

**GENERAL INFORMATION**

Indicate the term (one term only) for which this application should be considered:

Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer Term 20\_\_\_\_

**DEADLINE FOR FILING :** Applications for review of residency must be filed in a timely manner. Applications may not be treated retroactively. Applications must be filed no later than 30 calendar days from the **first day of class of the semester** for which the application is filed. Applications received later than 30 calendar days prior to the first day of class will not be considered for that semester.

Date of application: \_\_\_\_\_  
Month Day Year

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle Middle, Jr., II, etc.

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Number, Street  
\_\_\_\_\_  
City County State Zip

Present Address: \_\_\_\_\_  
Number, Street  
\_\_\_\_\_  
City County State Zip

Phone Number: Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

In what state does your father reside? Kentucky Other (specify)\_\_\_\_  
In what state does your mother reside? Kentucky Other (specify)\_\_\_\_  
If applicable, in what state does your legal guardian reside? Kentucky Other (specify)\_\_\_\_

**DETERMINATION OF DEPENDENT / INDEPENDENT STATUS**

Indicate your present means of financial support for tuition and fees, room and board, books and transportation:

Work: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_ Parent: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
 Loans: \$ \_\_\_\_\_ Student Financial Aid: \$ \_\_\_\_\_ Scholarships: \$ \_\_\_\_\_

For other, specify: \_\_\_\_\_

When did your parent/legal guardian last provide you with any of the above-listed support?  
 \_\_\_\_\_

**INFORMATION IN SUPPORT OF DOMICILE**

When did your present (i.e., your latest) stay in Kentucky begin? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

What was your primary reason for coming to Kentucky? \_\_\_\_\_

What is your primary reason for your being in Kentucky at this time? \_\_\_\_\_

List the name of your high school, state located, and date of graduation or GED:

School Name: \_\_\_\_\_  
 State: \_\_\_\_\_ Date of Graduation or GED: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

List places where you have lived for at least the past three years (beginning with your most recent address):

| Date(s)       |             | Place of Residence |      |       |
|---------------|-------------|--------------------|------|-------|
| From<br>Mo/Yr | To<br>Mo/Yr | Number, Street     | City | State |
|               |             |                    |      |       |
|               |             |                    |      |       |
|               |             |                    |      |       |

List educational institution(s) attended after high school (beginning with most recent institution):

| Educational Institution | City / State | Dates Attended |             | Full / Part-Time | Residency for Tuition Purposes (In-State or Out-of-State) |
|-------------------------|--------------|----------------|-------------|------------------|-----------------------------------------------------------|
|                         |              | From<br>Mo/Yr  | To<br>Mo/Yr |                  |                                                           |
|                         |              |                |             |                  |                                                           |
|                         |              |                |             |                  |                                                           |
|                         |              |                |             |                  |                                                           |
|                         |              |                |             |                  |                                                           |

Did you enroll in an institution of higher education in Kentucky prior to enrollment in any other educational institution? Yes No

Have you accepted full-time employment to transfer to an employer in Kentucky? Yes No

Have you lived in Kentucky as a non-student (or if a student, enrolled in 6 or fewer hours) for the 12 months preceding the first day of classes of

the term for which you are applying?    Yes    No

Did you file a Kentucky state income tax return for either or both of the past two years?    Yes    No

If yes, please indicate year(s): \_\_\_\_\_

List your employers for the past five years (beginning with the most recent):

| Dates         |             | Employer | City/State | Average Number |       |
|---------------|-------------|----------|------------|----------------|-------|
| From<br>Mo/Yr | To<br>Mo/Yr |          |            | Hrs/Wk         | Wk/Yr |
|               |             |          |            |                |       |
|               |             |          |            |                |       |
|               |             |          |            |                |       |
|               |             |          |            |                |       |
|               |             |          |            |                |       |

What real property do you, your parents, legal guardian, or spouse own and in which state is it located? Indicate which property(ies) are used by you as a residence.

| Location of<br>Property Owned | Used by Student<br>for Residence (Y/N) | Dates Used as Residence |             |
|-------------------------------|----------------------------------------|-------------------------|-------------|
|                               |                                        | From<br>Mo/Yr           | To<br>Mo/Yr |
|                               |                                        |                         |             |
|                               |                                        |                         |             |

Do you have a lease of at least 12 months for non-collegiate housing in Kentucky?    9 Yes    9 No

**SUPPORTING INFORMATION**

Parents

Father's Name: \_\_\_\_\_

Father's Permanent Address: \_\_\_\_\_

Father's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

How many years (continuously) has he been living in Kentucky, if at all? \_\_\_\_\_

Provide the following information on your father's current employer:

Name: \_\_\_\_\_

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

Date current employment began:    Month \_\_\_\_\_    Year \_\_\_\_\_

Father's Visa Type, if applicable: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Permanent Address: \_\_\_\_\_

Mother's Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

How many years (continuously) has she been living in Kentucky, if at all? \_\_\_\_\_

Provide the following information on your mother's current employer:

Name: \_\_\_\_\_

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

Date current employment began: Month \_\_\_\_\_ Year \_\_\_\_\_

Mother's Visa Type, if applicable: \_\_\_\_\_

Spouse

Name of spouse: \_\_\_\_\_

Date of marriage: Month \_\_\_\_\_ Year \_\_\_\_\_

List spouse's place(s) of residence for at least the past three years (beginning with most recent address):

| Date(s)       |             | Place of Residence |      |       |
|---------------|-------------|--------------------|------|-------|
| From<br>Mo/Yr | To<br>Mo/Yr | Number, Street     | City | State |
|               |             |                    |      |       |
|               |             |                    |      |       |
|               |             |                    |      |       |

List educational institution(s) attended by spouse since high school (beginning with most recent institution):

| Educational Institution | City/State | Dates Attended |             | Residency for Fee Purposes<br>(In-State or Out-of-State) |
|-------------------------|------------|----------------|-------------|----------------------------------------------------------|
|                         |            | From<br>Mo/Yr  | To<br>Mo/Yr |                                                          |
|                         |            |                |             |                                                          |
|                         |            |                |             |                                                          |
|                         |            |                |             |                                                          |

List spouse's employer for the past five years (beginning with most recent):

| Dates         |             | Employer | City/State | Average Number |       |
|---------------|-------------|----------|------------|----------------|-------|
| From<br>Mo/Yr | To<br>Mo/Yr |          |            | Hrs/Wk         | Wk/Yr |
|               |             |          |            |                |       |
|               |             |          |            |                |       |
|               |             |          |            |                |       |
|               |             |          |            |                |       |
|               |             |          |            |                |       |



**OATH**

To the Student: This statement must be notarized before returning. Do not sign this statement until you are directed to do so by a Notary.

State of \_\_\_\_\_ County of \_\_\_\_\_

The undersigned person, being first duly sworn, states as follows: That the foregoing statements and all supporting documents are, and each of them is, true and correct.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

County of \_\_\_\_\_

My commission expires: \_\_\_\_\_

**DOCUMENTATION TO SUPPORT A REQUEST FOR RECLASSIFICATION  
OF RESIDENCY FOR TUITION ASSESSMENT PURPOSES**

Section 3(5) of the AClassification of Residency for Admission and Tuition Assessment Purposes requires that residency shall be based upon verifiable circumstances substantiated by submission of original or notarized copies of relevant evidence. Following is a list of documents to accompany a request for reclassification of residency for tuition assessment purposes, as necessary to support your application. Other documents may be required by institutions or may be provided at institutional or student request.

Verification of present address.

Copy of Kentucky (Form 740) state tax forms of your parent(s) or legal guardian(s) for the calendar year immediately preceding the date of application for reclassification of residency status, and for the previous year.

Copy of most recent financial aid notice and/or student aid report.

Copy of certified statement from parent regarding financial support.

Copy of visa, resident alien card (both sides).

Letter from your employer on official company letterhead verifying job transfer or acceptance of full-time employment giving date of employment, average number of hours worked per week, and whether the job is permanent or temporary.

Verification that you have lived in Kentucky as a non-student (or if a student enrolled in 6 or fewer hours) for the 12 months preceding the first day of classes of the term for which you are applying.

Copy of your Kentucky state income tax forms (Form 740 and all schedules) for the calendar year immediately preceding the date of application for reclassification of residency status and for the previous year.

Verification of payment of occupational taxes in Kentucky.

Verification of payment of real property taxes in Kentucky.

Copy of Kentucky intangible tax form.

Copy of property deed to Kentucky residence or copy of lease agreement of non-collegiate housing.

Copy of your current automobile registration.

Copy of current driver's license.

Copy of voter registration.

Copy of current military orders

Copy of military document changing home of record to Kentucky.

Copy of military discharge (DD2-14).

Letter on official company letterhead verifying job transfer and dates of employment for parent(s) or legal guardian(s).

Court order awarding guardianship if not dependent upon parents.

Copy of marriage license, if recently married to a Kentucky resident.

Other documentation as requested by the institution including, but not limited to relevant federal income tax forms of the student and parent.

Please note Section 3(6) Submission of False Documents of the Classification of Residency for Admission and Tuition Assessment Purposes.