The University of Tennessee at CHATTANOOGA

Application Effective Se	for In-State Classification emester:	on	
Please select which office	you are submitting your residency	appeal to:	
Undergraduate:	Graduate:_		
Return to:			
Undergraduate Admissions	The Graduate So	<u>chool</u>	
University Center, 101	103 Race Hall		
Dept. 5105	Dept. 5305		
615 McCallie Avenue	615 McCallie Av		
Chattanooga, TN 37403	Chattanooga, TN		
(423) 425-4157 (fax)	(423) 425-5223 (1	fax)	
domiciled in the State of Tennessee are classified as in-state as out-of-state. In determining whether a student is domined a student as out-of-state. In determining whether a student is domined and return the supplication to the above address. You sho particularly at the places marked "Documentation." All decisions regarding classification for fee and admissi In-state and Out-of-state for the Purpose of Paying Collegin each of the campus offices of Admissions and Records 1720-1-108 EFFECTIVE DATE FOR RECLASSIF classification and is subsequently so classified his or he reclassification was sought. However, out-of-state tuition obtained unless application for reclassification is made to semester. Spring Semester 2025: January 10, 2025 Spring Part of Term I 2025: January 10, 2025 Spring Part of Term II 2025: February 28, 2025 Summer Semester 2025: May 16, 2025 Summer Part of Term II 2025: June 27, 2025	ciled in Tennessee all pertinent evidence will not automatically result in an in-state determine your classification for admissuld attach supportive materials (letters, on purposes are made in accordance witge or University Fees and Tuition and for). ICATION. If a student classified outer in-state classification shall be effectively be charged for any semester during the classification officer on or before the Fall Fall	the is considered by the University. ate or out-of-state classification. ssion and fee purposes, please complete photocopies of documents, etc.), th Regulations for Classifying Students or Admission Purposes. (Copy available -of-state applies for in-state ive as of the date on which g which reclassification is sought and	
Please type or print legibly in black ink. PERSONAL INFORMATION			
1. Name			
(Last Name)	(First Name)	(Middle Name)	

(City)

(Zip Code)

2. Student Identification Number (UTC ID#)

(Street & Number)

3. Present Address

•	Permanent Address					
	(Street & Number)		(City	7)	(State)	(Zip Code)
	Telephone Number	E-ma	ail Add	ress		
	Date of Birth(Month)	(Day)		(Year)	
3.	Place of Birth (City) Have you been domiciled* in Tenn If no, date you began your most re Address at time you began your m	essee contir	nuously le in To	since bir ennessee?		
	(Street & Number) What is the reason for coming to T	(City) ennessee to	establi	(State) sh your m	(Zip C	
).	High School(s) attended(Name)		(City)	(Stata)	from _	to (Dates of Attendance)
	(maine)		(City)	(State)		(Dates of Attendance
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CITIZENSHIP

		itlements Act requires an applicant for in-state
tuiti T	tion or state financial aid complete and sign the	e following statement:
the s	e state of Tennessee that: (check one)	affirm under penalty of perjury under the laws of
	I am a United States citizen; or I am an alien lawfully present in th	
bendindi mak und that	nefit. I understand that Tennessee law requires licated above prior to receipt of this public ben lking a false, fictitious, or fraudulent statement der the Tennessee False Claims Act Tennessee	or representation shall subject me to liability Code Annotated 4-18-101 et seq. I understand ing statement my admissions may be rescinded or
Sign	nature	Date
14.	. Are you registered to vote? Yes No	_ If yes, what state are you registered?
15.	. Have you filed state or federal income tax for yes, what address was given as residence? _	orm for the previous year? Yes No If
	(City) (State)	(Zip Code)
(I	(Documentation: Photocopy of address section of form	n(s).)
EM	MPLOYMENT (Documentation: Letter from emp	ployer which verifies the below information.)
16.	Are you presently employed? Yes No	If yes, employer's name
	Date of Employment	Job Title
	Hours worked per week If appropri of-state?	Job Title ate, percentage of on-the-job time is spent out-
FIN	NANCIAL SUPPORT	
17.	List every source from which you received a your support or income during the past twel	more than approximately ten percent (10 %) of ve months?

	ARITAL Married Single	If married, spou	ıse's name						
	 Married Single If married, spouse's name								
	(Month/Year) For what reasons did spouse come to Tennessee to establish most recent domicile?								
20.	Is spouse employed	full-time? Yes N	No How	long in prese	ent position?				
21.	Is spouse's employn	nent in Tennessee? Y	es No _	Employe	rs name				
	RENTAL INFORM Father's name								
			(First Nan	ne)	(Mi	ddle Name)			
	Father's address			(City)	(State)	(Zip Code)			
24.	Mother's name	(Last Name)	(First	Name)		(Middle Name)			
	Mother's address			(City)	(State)	(Zip Code)			
	Do you have a legal				(State)	(Zip code)			
	If yes, guardian's na	me							
27	G 1: 1 11	(Last Name)		(First Name)	(Middle Name	e)			
27.	Guardian's address	(Street & Number)		(City)	(State)	(Zip Code)			
28.	If your parent(s) or g been domiciled in T	guardian is not presen ennessee? Yes N							
	Dates of previous do	omicile in Tennessee:	(City) from	(State) to _	(Zip Code)	_			
29.	Reason for leaving _Did either parent or tax return? Yes	your guardian claim y No ocopy of address & depend			/her most rec	ent income			
	LITARY Have you ever served If yes, state entered s	d in active military se	ervice? Yes _ Date o	No of entry into s	service				
	State in which you w	vere discharged		_ Date of dis	scharge				
	Home of Record as 1 (Documentation: Photo	isted on D.D. form 2 copy of D.D. Form 214)	14						

AUTOMOBILE
31. Do you have a driver's license? Yes No If yes, what state (Documentation: Photocopy of license)
32. Do you own an automobile? Yes No If yes, what state is it registered Automobile License Number
(Documentation: Photocopy of auto registration)
REAL ESTATE 22. De sous armedia describina in relaide constinue? We see No.
33. Do you own the dwelling in which you live? Yes No If yes, date of purchase
If yes, date of purchase
OTHER IN-STATE CLASSIFICATION
34. Have you ever been classified, for tuition or fee purposes, as an in-state resident of any oth state? Yes No If yes, date classification was made and by whom
OTHER INFORMATION
35. Provide any further information in which you wish to offer in support of your application _
TO BE COMPLETED BY ALL APPLICANTS
My signature below is to certify to the correctness and completeness of the information supplie It further indications that I understand that the University of Tennessee may contact any of the persons referred to above for the purpose of obtaining additional pertinent information, and that further understand that any false information provided in the foregoing statements will disqualisme from being considered an in-state student for fee and admission purposes and I may be required to withdraw from the University of Tennessee.
Date Signature of Applicant
Please do not write below this line
Determination: Resident Non-Resident
By:
(Name) (Date)
Special Conditions: