

VERIFICATION OF COLORADO RESIDENCY

Indicate the program, term and year for which you are applying:

- | | |
|--|--|
| <input type="checkbox"/> Child Health Associate/Phys. Asst. , M.S. | <input type="checkbox"/> Medical, M.D./MSTP |
| <input type="checkbox"/> Dental Hygiene, B.S. | <input type="checkbox"/> Nursing Undergraduate, B.S. |
| <input type="checkbox"/> Dental, D.D.S. | <input type="checkbox"/> Pharm.D. (Entry-level) |
| <input type="checkbox"/> Graduate-Basic Sciences,M.S./Ph.D. | <input type="checkbox"/> Pharm.D. (Non-traditional) |
| <input type="checkbox"/> Graduate-Nursing, M.S. | <input type="checkbox"/> Graduate Pharmacy, Ph.D. |
| <input type="checkbox"/> Graduate-Nursing, Ph.D. | <input type="checkbox"/> Physical Therapy, M.S. |
| <input type="checkbox"/> Nursing Doctorate, N.D. | <input type="checkbox"/> Public Health, M.S. |
| Other _____ | |

TERM/YEAR: SUMMER _____ FALL _____ WINTER _____ SPRING _____

APPLICANT'S NAME _____ *SS# _____

ADDRESS FOR REPLY

_____ STREET _____ CITY _____ STATE _____ ZIP _____

PERMANENT ADDRESS

_____ STREET _____ CITY _____ STATE _____ ZIP _____

_____ AGE _____ DATE OF BIRTH _____ MARITAL STATUS _____ DATE MARRIED _____

Check here if you are NOT claiming Colorado residency at this time. Information on establishing residency for tuition purposes will be forwarded to you. You do not need to complete the rest of this form.

*Disclosure of Social Security number is voluntary. It is requested on this form to facilitate processing and recordkeeping by the University.

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 If the applicant was 23 years old or older, or was married, or was emancipated from his or her parents **no later than the beginning of the term to which he or she is applying**, the applicant should complete this form. Otherwise, a parent or court-appointed legal guardian should complete the form and it should reflect this person's information, not that of the applicant. If you have questions regarding this, please call (303) 315-7676.

PERSON COMPLETING THIS FORM (if other than applicant)

_____ STREET _____ CITY _____ STATE _____ ZIP _____

RELATIONSHIP TO APPLICANT _____

Name _____
Last 4 Digits of Social Security # _____

You must answer **EACH** of the following questions (1 -13):

1. List dates of physical presence in Colorado (use the back page of this form if necessary):

From _____ To _____
Month Day Year Month Day Year

From _____ To _____
Month Day Year Month Day Year

From _____ To _____
Month Day Year Month Day Year

2. Are you a citizen of the United States? YES NO

a. If not, do you hold a Permanent Resident Alien card?..... YES NO
Date issued _____ **COPY OF FRONT AND BACK OF CARD MUST BE ATTACHED.**

b. If you do not have a Permanent Resident Alien card, what category of visa do you hold? _____
Date issued _____ **COPY OF FRONT AND BACK OF CARD MUST BE ATTACHED.**

3. Did you file a Colorado state income tax return in the last 12 months?.... YES NO

a. List exact years for which you have filed Colorado returns:

b. List exact years for which you have filed returns in another state:

c. If you did not file a Colorado return in the past 12 months, please state reason(s):

d. Is Colorado income tax currently being withheld? YES NO

4. List all employment for the past two years (Last one first):

From _____ To _____
Employer _____
City/State _____

From _____ To _____
Employer _____
City/State _____

From _____ To _____
Employer _____
City/State _____

(If not currently employed):

Have you accepted future employment in Colorado? YES NO

Future Employer _____ Date of future employment _____

Name _____
Last 4 Digits of Social Security # _____

5. Are you registered to vote? ... YES NO
a. In what state? _____
b. Date of last registration: _____
6. Have you operated a motor vehicle in the past twelve months in Colorado? . YES NO
7. Do you own a motor vehicle? YES NO
a. In what state is it licensed? _____
b. Month and Year of Colorado motor vehicle registration during the past two years:
_____ and _____
8. Do you have a current motor vehicle operator's license? YES NO
a. In what state was it issued? _____
b. Date of issue: _____
c. Is this a renewal of a previously issued Colorado driver's license? _____
9. Do you own residential real property in Colorado? . YES NO
a. Date purchased: _____
b. Address: _____

10. Do you maintain a home in another state? ... YES NO
a. List states(s): _____
b. List dates that you have resided in these homes _____
11. Were you graduated from a Colorado high school? . YES NO
12. Have you attended any college or university during the past two years?..... YES NO
From _____ To _____
University _____
From _____ To _____
University _____
a. At which schools were you assessed in-state tuition? _____
13. Have you served in the Armed Forces during the past two years?..... YES NO
a. If so, list dates of service

b. What period of this time were you stationed in Colorado?

PLEASE NOTE: If you are active duty military (or dependent of active duty military) stationed in Colorado and are not a Colorado resident, you may be eligible for in-state tuition rates. Contact the education officer on your base.

