



NORTHERN ARIZONA UNIVERSITY

ARIZONA RESIDENCY VERIFICATION

Please return to:

Undergraduate Admissions

PO Box 4084, Flagstaff, AZ 86011

PHONE: 928-523-6006 FAX: 928-523-6023

Incomplete information was provided on your undergraduate application for admission, which resulted in your classification as a non-resident. PLEASE COMPLETE THE FOLLOWING AND RETURN it to the above address as soon as possible for reconsideration of your initial residency classification.

1. Student's Name: _____ Student ID: _____

Email Address: _____ Phone Number: _____

2. If you are Navajo, Zuni or Quechan, do you currently live on a reservation that lies wholly, or in part, in Arizona?
___ Yes ___ No

3. Do you consider yourself a resident of Arizona? ___ Yes ___ No

If yes, date your present stay in Arizona began ___/___ (mm / yyyy)

a. Have you lived or worked outside Arizona during the past twelve months? ___ Yes ___ No

b. If yes, give dates From _____ To _____

Reason:

4. Voter Registration Information

City: _____ State _____ Date Registered: ___/___
(mm / yyyy)

5. Driver's License

State: _____ License Number: _____ Date Registered/Issued: _____

If no driver's license, do you have an Arizona I.D.? ___ Yes ___ No If yes, date issued ___/___
(mm / yyyy)

6. Do you own a motor vehicle? ___ Yes ___ No

If yes, State Registered: _____ Plate Number: _____ Registration Date _____
(mm / yyyy)

7. What are your present sources of income or support? (Indicate approximate percentage from each e.g., parents 50%, financial aid 50%.)

Employment _____ Parent _____ Spouse _____ Financial Aid _____ Other _____

8. Check the years for which you have filed an Arizona income tax return

___ 2004 ___ 2005 ___ 2006 ___ 2007 ___ 2008 ___ 2009

9. Parent/Guardian Information

Have either of your parents attended college? ___ Yes ___ No

If you are under age 24 or financially dependent on your parent/guardian, complete the following:

Parent/Guardian I

Name: _____
Last First Middle Relationship

Address: _____
Number And Street Name Or Box Number City State Zip Code

Telephone: _____ E-mail address: _____
Evening Daytime Cell

List college(s) attended: _____

Degree(s) earned, if applicable: _____ Associate of Arts _____ Bachelor's _____ Master's _____ Doctorate

Employer: _____ Job Title: _____

Parent/Guardian II

Name: _____
Last First Middle Relationship

Address: _____
Number And Street Name Or Box Number City State Zip Code

Telephone: _____ E-mail address: _____
Evening Daytime Cell

List college(s) attended: _____

Degree(s) earned, if applicable: _____ Associate of Arts _____ Bachelor's _____ Master's _____ Doctorate

Employer: _____ Job Title: _____

10. Have your parents claimed you as a dependent during the most recent tax year? ___ Yes ___ No
If no, what tax year were you last claimed? _____

11. If your parents are divorced, which parent claims you as a tax exemption?

First Middle Last

Which parent has legal custody? _____
First Middle Last

12. Please list your employment history for the past two years (list most recent employer first):

Most Recent Employer: _____ City: _____ State/Province: _____
Dates Employed From _____ to _____
(mm / yyyy) (mm / yyyy)

Next Recent Employer: _____ City: _____ State/Province: _____
Dates Employed From _____ to _____
(mm / yyyy) (mm / yyyy)

Next Recent Employer: _____ City: _____ State/Province: _____
Dates Employed From _____ to _____
(mm / yyyy) (mm / yyyy)