

LSU Eunice | P.O. Box 1129 | Eunice, LA 70535 | www.lsue.edu Phone: 337-550-1305 | Fax: 337-550-1266 | Email: admissions@lsue.edu

APPLICATION FOR RESIDENT CLASSIFICATION

NAME:		
(LAST)	(FIRST)	(MIDDLE OR MAIDEN)
SOC SEC NO:	PHONE NO:	
DESIRED SEMESTER/YEAR CHANGE OF RESIDENCE STATUS:	LAST SEMEST	TER AT LSU EUNICE OF
() FALL	() FALL	
() SPRING	() SPRING	
() SUMMER	() SUMMER	R
	() NEVER A	TTENDED

Applications for reclassification to resident status should be filed at least 21 calendar days before registration to allow changes to be reflected on registration material. Applicants filing immediately prior to registration or up to 21 days after the first day of classes must be prepared to pay the non-resident fee and wait for a refund if the application is approved. Such applications shall <u>include</u> any information or documents required by the University, together with supporting evidence that the student desires to submit. Failure to comply with the appeal procedures and deadlines shall constitute a waiver of all claims for reclassification for the applicable term or terms. It is recommended that you keep a copy of this application and accompanying documents for your records.

Attach copies of any of the following documents that you possess, along with the signed Verification of Louisiana Address and Verification of Employment forms, to this application.

Louisiana driver's license	Louisiana marriage certificate
Louisiana vehicle registration	Louisiana and federal tax
Louisiana voter registration	returns (dollar amounts may be obscured) Louisiana homestead exemption
Alien registration card (front & back)	

An application will not be considered if received more than 21 days after the first day of classes.

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:	(F ine t)		
	(Last)	(First)		(Maiden or Middle)
2.	Soc. Sec. No:		_Campus:	
3.	Date of Birth:	Place o	f Birth:	
4.	Domicile Address – Street:			
	City:	_State:	Zip	:
F	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 issu	ued:
	If renewal, list date original LA driver's	license was i	ssued:	
	Louisiana vehicle registration number:		Dat	e issued:
8.	Date registered to vote in Louisiana:		Wa	rd:
	Precinct:	Parish:		
9.	List all of your addresses (present add time periods of two weeks or longer (in necessary.	,	•	
	Street Address	City	State	Dates from - to

Application for resident cl	ussilieuton 1 ugo 2	(Last Name)		(First)	
		()		(
10. List all schools attend	ded from high school t	o present date:			
School	City an	City and State		Dates attended from - to	
11. List all firms or perso years. List your prese		been employed	l during the pas	st five	
-		Date	l during the pases es Employed From – to	st five Full time or Part time	
years. List your prese	ent employer first.	Date	es Employed	Full time or	
years. List your prese	ent employer first.	Date	es Employed	Full time or	
years. List your prese	ent employer first.	Date	es Employed	Full time o	

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

Source of Support	Relationship to you	Address of Donor	Amt./Percent
urn During either or bo	oth of the past two year?		ome Tax No
	re you claimed as a de urn During either or bo	re you claimed as a dependent on any person	re you claimed as a dependent on any person's Federal or State Inc urn During either or both of the past two year?Yes

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

YesNo. If yes, for tax year:
State where filedAddress shown on tax return
15. Do you own property in Louisiana?YesNo
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 <u>complete</u> 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 applicantDate
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)



LSU Eunice | P.O. Box 1129 | Eunice, LA 70535 | www.lsue.edu | Phone: 337-550-1305 | Fax: 337-550-1306

SUPPLEMENTARY RESIDENCE INFORMATION SHEET

Name of Student	SS#	SS#		
Present Home Address	(STREET AND NUMBER)			
	Since			
(CITY) (STATE) (MONTH/YEAR)	(TELEPHONE)			
This is to certify that my residence beg				
//	— (MONTH) (DAY)			
(YEAR)				
(DATE)	(SIGNATURE)			
TO BE COMPLETED BY WELL-KNOWN CI	ΓΙΖΕΝ (LANDLORD, BANKER, LAWYER, ETC.):			
This is to certify that the information sh	nown above concerning the residence of			
	is correct.			
(Student's Name)				
(SIGNATURE)	(NAME OF FIRM)			
(DATE)	(POSITION)			



LSU Eunice | P.O. Box 1129 | Eunice, LA 70535 | www.lsue.edu | Phone: 337-550-1305 | Fax: 337-550-1306

SUPPLEMENTARY RESIDENCE INFORMATION SHEET

Name of Student			SS#		
Present Home A	ddress				
	(STF	REET AND NUM	BER)		
			Si	nce(MONTH	
(CITY)	(STATE)	(TELE	PHONE)	(MONTH	H/YEAR)
This is to certify	that I have been a () full-time	() part-time e	mployeeof:		
	(NAME OF FIR	M)			
Place of Employ	ment in Louisiana				
	ment in Louisiana		(CITY)		
Date Employme	nt Began In Louisiana with the A	bove Firm		/(DAY)	/(YEAR)
			(MONTH)	(DAY)	(YEAR)
Date Employme	nt Ended In Louisiana with the A	bove Firm		/(DAY)	
			(MONTH)	(DAY)	(YEAR)
Are You Present	ly Employed With the Above Firn	n?: YES	NO		
(DATE)				(SIGNAT	URE)
TO BE COMPLET	ED BY EMPLOYER:				
His/Her employ	ment is/was: ()PART	ſ-TIME ()	FULL-TIME Employe	е	
Worked an Aver	age of	Ηοι	urs per Week.		
This is to certify	that the information shown abo	ove concerning is correct.	the employment of		
(NAME	OF FIRM)		(SIGNATURE OF EMPLOYER)		
(PHONE	NUMBER)		(PC	SITION)	