



Students who may be classified as Colorado state residents are encouraged to complete this form. The University of Denver receives some state funds based on students' residency. Please answer the following questions carefully. Type information directly onto this form, sign and date it, and return the completed form to the Office of the Registrar, University Hall, Room G55, 2197 South University Blvd., Denver, CO 80208. The form may be faxed to 303.871.4300. You may also save information in the form and email it to [registrar@du.edu](mailto:registrar@du.edu). Your typed name will constitute a signature for emailed forms. Incomplete forms will not be processed.

| Section I – Student Personal Information             |              |                             |    |
|--|--------------|-----------------------------|----|
| Name:  |              | DU ID #:                    |    |
| Date of Birth:                                       | Age:         |                             |    |
| Did you graduate from a Colorado High School?        |              | If yes, date of graduation: |    |
| Name of Colorado High School:                        |              |                             |    |
| Dates attended High School (months/year)             |              | From                        | To |
| Are you a U.S. Citizen:                              |              |                             |    |
| Complete the following if you are not a U.S. Citizen |              |                             |    |
| Country of Citizenship:                              |              | Do you have a U.S. Visa?    |    |
| Visa Type:   | Visa Number: | Expiration Date:            |    |

| Section II – Residency Information  |                              |                                  |                              |                                  |
|---|------------------------------|----------------------------------|------------------------------|----------------------------------|
| <i>If you are age 22 or older, complete the section for YOU. If you are under the age of 22, complete section for PARENT or</i> |                              |                                  |                              |                                  |
|   | PARENT or GUARDIAN           |                                  | YOU                          |                                  |
| Dates of continuous physical presence in Colorado (mo/yr):  | From                         | To                               | From                         | To                               |
| Dates of extended absences from Colorado during the last two years:   | From                         | To                               | From                         | To                               |
| Driver's License Information:   | State                        | License #                        | State                        | License #                        |
| Is this a new license or renewal?   | New <input type="checkbox"/> | Renewal <input type="checkbox"/> | New <input type="checkbox"/> | Renewal <input type="checkbox"/> |
| Motor Vehicle Registration (for past 12 months):  | State                        | License Plate                    | State                        | License Plate                    |
| Physical Address (for past 12 months)   |                              |                                  |                              |                                  |
| Dates at that address:  | From                         | To                               | From                         | To                               |
| Previous Address (within last 12 months)  |                              |                                  |                              |                                  |
| Dates at that address   | From                         | To                               | From                         | To                               |
| Employer within past two years  |                              |                                  |                              |                                  |
| Dates of Employment   | From                         | To                               | From                         | To                               |
| Previous Employer (within last two  |                              |                                  |                              |                                  |
| Dates of Employment   | From                         | To                               | From                         | To                               |
| List the states where you filed state taxes for the past two years:   | State:                       | Year Filed:                      | State:                       | Year Filed:                      |
|   | State:                       | Year Filed:                      | State:                       | Year Filed:                      |

| Section III – Signature  |  |
|--|--|
| <i>I hereby certify that, to the best of my knowledge, the information furnished in this application is true and complete without intent of evasion or misrepresentation. I understand the above information is submitted under penalty of perjury and false or misrepresented data is sufficient cause for dismissal.</i> |  |
|  |  |
| Parent or Guardian Signature   |  |
|  |  |
| Student Signature  |  |