

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
LITTLE ROCK, ARKANSAS

APPLICATION FOR CHANGE IN RESIDENT STATUS
(UAMS ACADEMIC AFFAIRS POLICY 3.2.1D)

In order to establish eligibility for status as an Arkansas (in-state) resident at the University of Arkansas for Medical Sciences, **all questions appearing on this application must be answered.** Birth and prior residence in the State on the part of the applicant and/or parents does not, in itself, establish resident status. Of critical importance is the current status of the applicant. Applicants should be advised that withholding or falsifying answers will result in one or more of the following (1) disqualification as an applicant to a degree program; (2) disqualification for consideration to become classified an Arkansas resident; or (3) for continuing students, a disciplinary action up to and including dismissal from the University.

Please check the college/school to which you are applying.

College: Graduate School Health Professions Medicine Nursing Pharmacy Public Health

Program: _____

What is your current status: Applicant Accepted/admitted to program Current student

Have you previously applied for Residency Status? No Yes

If Yes, what year _____ Under what name: _____

APPLICANT INFORMATION

1. Name: _____
Last First Initial

2. Last 4 of Social Security Number: _____ UAMS student ID# _____ (if applicable)

3. Current Legal Address: _____
Street and Number

County State Zip Code

4. Type of residence: Home/condo-Own Home/condo-Rent Apartment University Hall / dorm

5. Date moved to this address: _____

6. Home Phone: _____ Work Phone: _____ Mobile/Other _____

7. AR Congressional District: First Second Third Fourth Not applicable

8. Present Address: _____
(if different than #3) Street and Number City

City County State Zip Code Phone

a. Date moved to this address: _____ Own or rent: Own Rent

b. Date you moved to Arkansas: _____ Own or rent: Own Rent
(if different than above)

9. If 8a. and 8b. are different, give reason: _____

10. Male ____ Female ____ Date of Birth _____ City and State of Birth _____

11. Are you a U. S. Citizen? Yes No

12. If Not a U.S. Citizen, provide current visa status: _____

13. Married _____ Single _____

14. List below all colleges and universities attended, beginning with the most recent

Name of School	Dates attended (m/y)	Address –City, State	credit hours earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. High School attended and graduation date:

Name of School *Date* *City / State*

16. List your below employment history, beginning with the most recent:

Employer	Location (City and State)	Dates (m/y)
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. If you are employed, are you paying Arkansas income taxes? Yes No

Start date at current job: _____

What are your total gross Arkansas salary/wages for the past twelve months? \$ _____

18. Do you own an automobile? Yes No

18.a. If the answer to #16 is “Yes” name the state of registration: _____

19. Do you have a current Arkansas driver’s license? Yes No

List any additional current driver’s licenses issued from other states: _____

20. Are you self-supporting? No In Part Entirely

21. Are you claimed as a dependent by spouse or parents/guardian for Federal income tax purposes?

Parents

Spouse

Not a dependent

22. If in military service, which state is claimed as permanent residence? _____

23. Do you claim residence in another state (other than Arkansas) for any purpose? Yes No

24. Are you receiving or do you plan in the future to receive any financial assistance from any state (other than Arkansas) while a UAMS student? Yes No

PARENTS:

25. Married Divorced Separated Single Deceased

Father

Mother

26. Name _____ Maiden Name _____

Present Address _____ Present Address _____

City/State _____ City/State _____

27. a. Are your parents currently residents of Arkansas? Yes No

b. If so, how long have they been Arkansas residents? _____ years

28. Parents Employment

Mother Present Employer _____ Father Present Employer _____

Address _____ Address _____

29. Do you intend to remain a resident of the state after graduation? Yes No

SIGNATURE: *By providing my signature I affirm that the information given is complete and accurate.*

Signature _____

Date _____

SUBMISSION: This form should be submitted to the the Admissions Office in your home college.

Please use Page 4 to provide your statement on intent to remain in the state, and to provide any additional information and explanation to support your application.

30. STATEMENT ON INTENT TO REMAIN IN THE STATE *(applicants may submit a separate attachment)*

31. ADDITIONAL COMMENTS TO SUPPORT APPLICATION: *(applicants may submit a separate attachment)*

Attachments and Documentation

Attach photocopies of the following documentation to confirm that you have met the necessary standards for reclassification. This application

1. Attach a housing agreement (deed, lease, etc.) with applicant's name listed. A dormitory room in a campus residence hall or a PO Box does not qualify as a bona fide domicile.
2. Attach a written statement the assertion of a permanent connection, e.g., family, social or professional ties, job opportunities, and post-graduation plans (see question 30); proof of Arkansas voter registration; an Arkansas driver's license (if applicable) and Arkansas vehicle registration (if applicable).
3. Attach pay stubs or other verification of Arkansas wages or salary earned.

Incomplete applications will be returned and not considered.

Notarization

I, _____, hereby declare that I reside and maintain a permanent place of abode at

Street and number

City, state, zip

and that the information I have provided in the Application for Change of Resident Status and all associated items of documentation are true to the best of my knowledge.

State of Arkansas

County of _____

Subscribed and sworn to me, a Notary Public, on this _____ day of _____, _____.

(Signature of Notary Public) My commission expires: _____