

# Application for Change in Residency Status

Students requesting a reclassification of Arkansas residency for fee purposes (See UAMS Academic Affairs Policy 3.2.1) may complete this form and attach any required documentation. A submitted application does not guarantee a reclassification of residency status, and withholding or falsifying responses may result in disqualification as an applicant to a degree program; disqualification for consideration to become classified an Arkansas resident; and for continuing students, disciplinary action up to and including dismissal from the University.

## Applicant Information

1. Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  

Last
First
M.I.

2. UAMS student ID \_\_\_\_\_ (7-digit number)

3. Current Legal/Permanent Address: \_\_\_\_\_  
Number and Street (No P.O. Boxes Allowed)

City	State	Zip Code	County (If Arkansas)
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4. Type of residence:  Home/condo-Own  Home/condo-Rent  Apartment  Residence Hall

5. Date moved to this address: \_\_\_\_\_

6. Arkansas Congressional District:  First  Second  Third  Fourth  Unsure/Not applicable

7. Current Address (If different than #3 above): \_\_\_\_\_  
Street and Number

City	State	Zip Code	County (If Arkansas)
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a. Date moved to this address: \_\_\_\_\_

b. Date you moved to Arkansas: \_\_\_\_\_

8. If 8a and 8b are different, please explain: \_\_\_\_\_  
 \_\_\_\_\_

9. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile/Other: \_\_\_\_\_

## Academic Program

10. College:  Graduate School  Health Professions  Medicine  Nursing  Pharmacy  Public Health

11. Academic Program: \_\_\_\_\_

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

13. Have you previously applied for a residency reclassification?  No  Yes

a. If Yes, when? \_\_\_\_\_ Under same name?  No  Yes

**Demographics, Education and Employment**

14. Date of Birth \_\_\_\_\_ 15. City and State of Birth \_\_\_\_\_

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

a. If not a U.S. citizen, provide current visa or Permanent Resident status: \_\_\_\_\_

17. Marital Status:  Married  Unmarried Spouse's Legal State of Residence: \_\_\_\_\_

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

Name of College/University	Dates Attended (m/y)	Location City, State	Credit Hours Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. High School attended and graduation date (If multiple, please only list final high school from which you graduated):

Name of High School	Dates Attended (m/y)	Location City, State	Graduation Date
_____	_____	_____	_____

20. List your employment history, beginning with the current/most recent:

Name of Employer	Dates of Employment (m/y)	Location City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Financials and Military**

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

22. What are your total gross Arkansas salary/wages for the past six months? \$ \_\_\_\_\_

23. Do you own an automobile?  Yes  No

a. If the answer to #16 is "Yes," name the state of registration: \_\_\_\_\_

24. Do you have a current Arkansas driver's license?  Yes  No
- a. List any additional current driver's licenses issued from other states: \_\_\_\_\_
25. Are you self-supporting?  No  In Part  Entirely
26. Are you claimed as a dependent by spouse or parents/guardian for Federal income tax purposes?
- Parents
- Spouse
- Not a dependent
27. If in military service, which state is claimed as permanent residence? \_\_\_\_\_
28. Do you claim residence in another state (other than Arkansas) for any purpose?  Yes  No
29. 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/Guardians**

30. Parent 1 Name \_\_\_\_\_  Deceased
31. Parent 1 Address \_\_\_\_\_
- |  |               |      |       |          |
|--|---------------|------|-------|----------|
|  | Street/Number | City | State | Zip Code |
|--|---------------|------|-------|----------|
32. Parent 1 Present Employer \_\_\_\_\_
- |  |               |      |       |
|--|---------------|------|-------|
|  | Employer Name | City | State |
|--|---------------|------|-------|
33. Is Parent 1 a legal resident of Arkansas?
- a. If yes, how long as Parent 1 been a legal resident of Arkansas? \_\_\_\_\_ (months/years)
34. Parent 2 Name \_\_\_\_\_  Deceased
35. Parent 2 Address \_\_\_\_\_
- |  |               |      |       |          |
|--|---------------|------|-------|----------|
|  | Street/Number | City | State | Zip Code |
|--|---------------|------|-------|----------|
36. Parent 2 Present Employer \_\_\_\_\_
- |  |               |      |       |
|--|---------------|------|-------|
|  | Employer Name | City | State |
|--|---------------|------|-------|
37. Is Parent 2 a legal resident of Arkansas?
- a. If yes, how long as Parent 2 been a legal resident of Arkansas? \_\_\_\_\_ (months/years)

**Attachments and Documentation**

Unless directed otherwise by your admissions officer or the Office of the University Registrar, please attach each of the following items to your completed reclassification application. *Do not send original copies of the listed documentation; please send legible copies only.* Incomplete reclassification requests may be returned and not reviewed.

1. Physical Residence in Arkansas. Housing agreement (deed, lease, etc.) with applicant's name listed, showing physical residence in Arkansas, including the date that the residency at that location began. Physical residence while in Arkansas to attend any Arkansas higher education institution during those six months does not count toward residency qualification. A college/university residence hall or a P.O. box do not qualify as bona fide domiciles.

2. Taxable Wages in Arkansas. Attach copies of pay stubs or similar verification showing that the applicant earned at least \$2000 in taxable income in Arkansas during the six month period of physical residence.
3. Declaration of Intent to Remain in Arkansas. Please attach a personal statement explaining your intention to remain in Arkansas following graduation. This statement should include an assertion of a permanent connection, such as family, social or professional ties; job opportunities; and post-graduation plans. Please also attach a copy of proof of Arkansas voter registration, Arkansas driver's license (if applicable) and Arkansas vehicle registration (if applicable).
4. Additional Comments/Support Documents. You may include an additional statement including comments or additional information you wish to share in support of your reclassification request.

**Applicant Signature**

Signature \_\_\_\_\_  
*NOTE: By providing my signature I affirm that the information given in this application is complete and accurate.*

Date Signed \_\_\_\_\_

**Submission**

This form and accompanying documentation should be submitted to the Office of the University Registrar at the following address. Physical, non-electronic signatures are required on this form. Faxed documents are acceptable and emailed attachments are allowed only if the signature page has been physically signed and scanned.

**Office of the University Registrar**

4301 W. Markham, #767  
 Little Rock, AR 72205

501-526-5600 (phone)  
 501-526-3220 (fax)  
[registrar@uams.edu](mailto:registrar@uams.edu)  
 CHP Building 2, Room 100

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Initial Review Date: \_\_\_\_\_ SRCC Review Date (If applicable): \_\_\_\_\_

Result: \_\_\_\_\_

Date Updated Residency Notification Sent (if applicable): \_\_\_\_\_ Sent By: \_\_\_\_\_