

UNIVERSITY OF ILLINOIS

PETITION FOR DETERMINATION OF RESIDENCY STATUS

Campus: [] Chicago [] Springfield [] Urbana-Champaign
For Term: [] Fall^1 [] Spring^1 [] Summer^1 Year: _____

Mr./Ms./Mrs. Name _____
(Circle one) Last First Middle

1. Email address _____ Univ. ID No. (if available) _____

2. *Social Security No. _____ Date of Birth ____/____/____ Univ. Net ID _____
Month/Day/Year

* A Social Security number is not required but providing it will expedite the processing of your petition. The University has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose any Social Security number without consent for any purpose except as allowed by law and University policy (see www.ssn.uillinois.edu).

3. Student Status (indicate one): [] New [] Currently enrolled [] Former student; last term enrolled ____/____
(Term/Year)

4. Level of Study: [] Undergraduate [] Graduate [] Professional College of application/enrollment _____

5. Provide your present permanent home address (the location at which you live on a continuing, permanent basis):
Street _____ City _____ State _____ Zip _____
Phone _____ Date you moved to this address ____/____/____ (Month/Year)

6. Provide current (local) address, if different from above:
Street _____ City _____ State _____ Zip _____
Phone _____

7. Are you a citizen of the United States? [] Yes [] No
If not, are you a permanent resident alien (PR)? [] Yes [] No
(If yes, provide a copy of front and back of permanent resident alien card.)
If not a PR, do you hold a visa? [] Yes [] No
If yes, give Visa type _____
Date of issuance ____/____/____ Month/Day/Year

8. Address on file with the United States Immigration and Naturalization Service:
Street _____
City _____ State _____ Zip _____

FOR OFFICE USE ONLY
Date Received: _____
Action: [] Resident [] Nonresident
Date of Decision: _____
Notes: _____
Approved by: _____

^1 Deadlines for filing petitions are: September 30 for the fall term; February 15 for the spring term; and June 20 for the summer term.

Verification of statements made on this petition must be provided (e.g., copies of driver's license, voter identification card, state and federal tax returns, etc.; also include copies of the front and back of the permanent resident card [i.e., green card], if applicable). Additional documentation may be requested when necessary. The petitioner, by signing this petition, acknowledges and consents to any such verification. Any petitioner who, for purposes of fraud or misrepresentation, falsifies, forges, or alters in any manner any official University document or representation thereof may be subject to denial of admission or to discipline.

If your parent(s) did not claim you as a dependent on their most recent federal income tax return, answer questions 9-17 and omit questions 18-25. All other petitioners, skip questions 9-17 and continue with question 18.

STUDENT INFORMATION (Copies of your parents' most recent federal and state income tax returns may be required. If you are under age 25, please submit these copies with your petition to expedite processing.)

- 9.** Are you actively serving in one of the Armed Forces of the United States? Yes No
If yes, is Illinois your permanent home of record (*attach proof*)? Yes No
- 10.** Provide the dates and addresses of physical residence, including any period longer than three weeks, for two years previous to your current address. Begin with the current address.
- | From | To | Address |
|------------|------------|---------------------|
| Month/Year | Month/Year | Street, City, State |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- 11.** Are you registered to vote (*include copy of voter ID card*)? Yes No
In what state and county? _____
Date of registration _____/_____/_____ Month/Day/Year
Address on voter card _____
Were you previously registered to vote elsewhere? Yes No
County/State _____ Date filed _____/_____/___ Month/Day/Year
- 12.** Do you have an Illinois drivers license or identification card (*include copy*)?
 Yes No When was it issued? _____/_____/_____ Month/Day/Year
Address shown on license/card _____
If renewal, date of original issuance _____/_____/_____ Month/Day/Year
Do you own or have use of a car? Yes No
Is it currently licensed in Illinois? Yes No
Is it currently insured with an agent in Illinois? Yes No
Is it currently titled in Illinois? Yes No
If yes, give date of title _____/_____/_____ Month/Day/Year

- 13.** Are you licensed to practice a profession or trade? Yes No
If yes, list state(s) and date(s) issued _____

Name of profession or trade _____

- 14.** Dates of your most recently filed federal income tax return (*include copy*):
Tax year _____ Date filed _____/_____/_____ Month/Day/Year
Address listed on return _____

Total gross income reported _____

- 15.** With what state did you file your last state income tax return? _____
Dates of your most recently filed state income tax return (*include copy*):
Tax year _____ Date filed _____/_____/_____ Month/Day/Year
Address listed on return _____

Return was filed as a: Full-time Resident Part-time Resident
Will you file a state income tax return for the current year? Yes No
If yes, list state _____ Year: _____
Did you pay property taxes in Illinois last year? Yes No

- 16.** List financial institutions and their locations with which you have account balances. _____

- 17.** Are you currently employed or have you been employed with the University during the past two years? Yes No

Skip questions 18-25; go to question 26.

PARENT/SPOUSE INFORMATION (Complete this page if you are claimed as a dependent by your parent(s) or if your spouse is an Illinois resident.)

18. Is your father/mother/spouse (**circle one**) actively serving in one of the Armed Forces of the United States? Yes No
If yes, is Illinois his/her permanent home of record (**attach proof**)? Yes No

19. If you are married, give date of marriage: ____/____/____ Month/Day/Year
Legal name and address of spouse:
Name _____
Street _____
City _____ State _____ Zip _____
Spouse's parents' names and addresses:
Father _____
City _____ State _____ Zip _____
Mother _____
City _____ State _____ Zip _____
Is spouse enrolled/employed at the University of Illinois? Yes No
If yes, provide spouse's Univ. ID No. _____

20. Legal names and addresses of parents:
Father _____
Street _____
City _____ State _____ Zip _____
Mother _____
Street _____
City _____ State _____ Zip _____

21. If your father/mother resides outside of Illinois, is he/she a legal resident of Illinois? Yes (**attach proof**) No
If either parent was transferred from Illinois out of the country by an employer and was a legal resident of Illinois for at least twelve consecutive months immediately prior to transfer, provide:
Date of transfer ____/____/____ Month/Day/Year
Address *before* transfer _____
City _____ State _____ Zip _____
Address *after* transfer _____
City _____ State _____ Zip _____

22. Is your father/mother/spouse (**circle one**) a citizen of the US? Yes No
If not, is he/she a permanent resident alien (PR)? Yes No
(**If yes, provide a copy of front and back of permanent resident alien card.**)
If not a PR, does he/she hold a visa? Yes No
If yes, provide Visa type _____
Date of issuance ____/____/____ Month/Day/Year

Address on file for father/mother/spouse (**circle one**) with United States Immigration and Naturalization Service:
Name _____
Street _____
City _____ State _____ Zip _____

23. Is your father/mother/spouse (**circle one**) registered to vote (**include copy of voter ID card**)? Yes No
In what state and county _____
Date of issuance ____/____/____ Month/Day/Year
Address on voter card _____
Was he/she registered previously in another Illinois county? Yes No
County ____/____/____ Month/Day/Year

24. Does father/mother/spouse (**circle one**) have an Illinois driver's license or identification card (**include copy**)? Yes No
Date of issuance ____/____/____ Month/Day/Year
Address shown on license/card _____

If renewal, date of original issuance ____/____/____ Month/Day/Year
Does he/she own or have use of a car? Yes No
Is it currently licensed in Illinois? Yes No
Is it currently insured with an agent in Illinois? Yes No
Is it currently titled in Illinois? Yes No
If yes, give date of title ____/____/____ Month/Day/Year

25. Is parent/spouse licensed to practice a profession or trade? Yes No
If yes, list state(s) and date(s) issued _____
Name of profession or trade _____

NOTE: ***If you were claimed as a dependent by your parents, include copies of their most recent federal and state income tax returns. Also include copies of your (or your spouse's) most recent federal and state income tax returns.***

26. Document sources of income for consecutive calendar years both prior to and including the term for which you seek resident status. For example, a petitioner for Spring 2003 should show income sources for the calendar years 2002 and 2003. You are encouraged to attach proof of income such as year-to-date earnings statements, tax documents, pay stubs, or statements from your employer(s). This information will be held in strict confidence by the University.

	Year: _____		Year: _____	
	(Preceding Year)		(Year Including Term)	
	<u>Illinois</u>	<u>Other</u>	<u>Illinois</u>	<u>Other</u>
UI Employment	\$ _____	_____	_____	_____
Non-UI Employment	_____	_____	_____	_____
Spouse's Employment	_____	_____	_____	_____
Savings	_____	_____	_____	_____
Scholarships	_____	_____	_____	_____
Grants	_____	_____	_____	_____
Trust Fund	_____	_____	_____	_____
Educational Loans	_____	_____	_____	_____
VA Benefits	_____	_____	_____	_____
Social Security	_____	_____	_____	_____
Parent	_____	_____	_____	_____
Relatives/Friends	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
TOTAL	\$ _____	_____	_____	_____

27. List any institution of higher education attended in the past two years.

Institution and location	From	To
	Month/Year	Month/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

28. On a separate sheet or below, briefly indicate the reasons other than University attendance that have led you to seek establishment of Illinois residency and the actions you plan to maintain that residency.

29. AFFIDAVIT (Sworn Statement)

All petitioners must have their signatures witnessed by a Notary Public.

STATE OF _____

COUNTY OF _____

I, _____
 Print petitioner's name

State that the answers given on these forms are true and correct, and that I consider myself to be a resident of the State of Illinois. I hereby renounce residency in any State other than Illinois, recognizing that by so doing I also renounce any benefits or advantages that may accrue to me by reason of residency in a State other than Illinois.

 Petitioner's signature

Subscribed to before me this _____ day of _____, 20 _____

 Notary Public

My commission expires: _____

Please mail or deliver completed form (and documentation) to appropriate campus:

Student Services Building (MC-018)
 Office of Admissions and Records
University of Illinois at Chicago
 P.O. Box 5220
 Chicago, IL 60680

Office of Admissions & Records, SAB-20
University of Illinois at Springfield
 P.O. Box 19243
 Springfield, IL 62794-9243

Office of Admissions & Records
University of Illinois at Urbana-Champaign
 901 West Illinois Street (MC-061)
 Urbana, IL 61801