

Residency Review for Returning Students

THE UNIVERSITY OF IOWA

This form is a residency check for students who have been absent from the University for 12 months or more. Note that this form is valid only for the session indicated in item B1. If your re-entry plans change, notify the Office of Admissions. Graduate students who wish to change programs should contact Graduate Admissions for the appropriate forms. Please enter your name as you would like it to appear on all University records.

A. Personal Data

- Name _____
last first middle
- Maiden Name (if applicable) _____
- Social Security Number _____ / _____ / _____
- Birthdate _____
mo/day/yr
- Name when last enrolled at UI (if different from above) _____
- Mailing address _____
street city state/country ZIP county, if Iowa
- Home address (if different from above) _____
street city state/country ZIP county, if Iowa
- Phone number(s) where you can be reached () _____ () _____
home alternate
- E-mail address (if available) _____
- Citizenship: U.S. citizen; permanent resident
 other: _____ country of citizenship _____
Visa type (international applicants only) _____

B. Re-entry Information

- For which session do you hope to re-enter the University? (choose one and note year)
 Fall (August) 200___; Winter (interim) 200___; Spring (January) 200___; Summer (June) 200___

C. Statement in Determination of Residency

- Do you consider yourself a resident of the state of Iowa? yes no
- If you reside in Iowa, in which month and year did this present residency begin? _____
month/year

—over—

for office use only

COL	Y/S	HC	RES	FOR	FS	SCo	ST	PCo	Dpt	Class	GPA	W3 Refcode
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3. Please give a chronological account of your major activities (including summers) for the three years immediately preceding your proposed enrollment at the University. The classification of residents and nonresidents for admission, fees, and tuition purposes is based upon information furnished by you. The registrar is authorized to require additional evidence as deemed necessary to verify your status. Address questions to the Office of the Registrar, 1 Jessup Hall (319 / 335-0217).

from (mo/yr) to (mo/yr)	activity (i.e., work, school, military)	location (city/state)

D. Certification

My signature below indicates that all information contained in this form is factually correct and complete. I understand that the misrepresentation or omission of information is sufficient grounds for cancelling my registration.

signature

date

To be processed, this form must be signed and dated. The University of Iowa requests this information for the purposes of updating our records. Persons outside the University are not routinely provided this information except for directory information, such as name and local address. Responses to all items are required in order for us to update your file.

The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, 319-335-0705.



Return this form to
 The University of Iowa
 Office of Admissions
 107 Calvin Hall
 Iowa City, IA 52242-1396

If you have questions
 Call us toll free (USA / Canada only)
 1-800-553-IOWA
 direct-dial
 319-335-3847