LSU Health NEW ORLEANS
Office of the Registrar
433 Bolivar Street
New Orleans, LA 70112
(504) 568-4829 (504) 568-5545 fax
registrar@lsuhsc.edu

APPLICATION FOR RESIDENT CLASSIFICATION

Clear Form

Applications for reclassification from nonresident to resident must be filed at least 21 calendar days before registration to allow changes to be reflected on registration material. If this deadline if not met, applicants must be prepared to pay the non-resident fee and wait for a refund if the application is approved.

Applications must be filed with the Office of the Registrar no later than 21 calendar days following the first day of classes for the term in which reclassification is sought. Incomplete forms and forms that do not meet the time deadline will not be considered. Failure to comply with the appeal procedures and deadlines will constitute a waiver of all claims for reclassification for the applicable term or terms. It is recommended that you keep a copy of this application and accompanying documents for your records.

1. Name_____ Student ID # _____
   last, first, maiden or middle — on the back of your ID card
2. Social Security #_____ School ☐ Allied Health ☐ Dentistry ☐ Graduate Studies ☐ Medicine ☐ Nursing ☐ Public Health
3. Have you applied to LSU Health Sciences Center in Shreveport? ☐ No ☐ Yes
4. Date of birth_____ Place of birth _____
5. Domicile address (street & apt. #) _____

   City_____ State_____ Zip_____ Date moved to _____
6. Daytime phone # (_____) _____ Evening phone # (_____) _____
7. Louisiana driver's license number_____ Date issued _____

   If renewal, list date originally issued _____
8. Louisiana vehicle registration #_____ Date issued _____
9. Date registered to vote in LA_____ Ward_____ Precinct_____ Parish _____
10. If not a US citizen, type of Visa_____ Date issued_____ Visa number _____
11. List all of your addresses (present first) for the past five years. Account for all time periods of four weeks or longer.

STREET ADDRESS	CITY	STATE	DATES

12. List all schools attended from high school to present school. (List the most recent first.)

SCHOOL	CITY	STATE	DATES

13. List all the firms or persons by whom you have been employed during the past five years. (List present employer first.)

EMPLOYER	CITY	STATE	FT OR PT	DATES

14. List all financial support received during the past five years. Include gifts, grants, loans, fellowships, scholarships, etc. (List the most recent first.)

YEAR	SOURCE OF SUPPORT	RELATION TO YOU	ADDRESS OF DONOR	AMOUNT / %

15. Were you claimed as a dependent on any person's Federal or State Income Tax Return either or both of the past two years? ☐ No ☐ Yes If yes, complete the following:

Tax Year_____Person Claiming You as a Dependent _____

Relationship _____

Street Address _____

City_____State_____Zip _____

16. Have you filed Federal or State Income Tax during the past two years? ☐ No ☐ Yes
If yes, complete the following.

Tax year_____State where filed_____Address on tax form _____

17. Do you own property in Louisiana? ☐ No ☐ Yes If yes, list the location.

_____

18. If married, give name of spouse _____

Date of marriage_____Occupation of spouse _____

Residence of Spouse _____

19. On a separate sheet of paper make a brief, but complete, statement covering the following:

A. Your reasons for coming or returning to Louisiana
B. Your reasons for believing that you are a domiciliary of Louisiana
C. Any other facts relative to your resident status you wish to submit

Copies of the following items may accompany the application for residence classification.
Please check all the items that you have attached.

☐ Louisiana Driver's License
☐ Louisiana Vehicle Registration
☐ Louisiana Voter Registration
☐ Alien Registration Card (front and back)
☐ Louisiana Marriage Certificate
☐ Louisiana Homestead Exemption
☐ Louisiana and Federal Tax Return (dollar amounts can be obscured)
☐ Other _____

Signature (This form will not be accepted if it is not signed and dated)
I hereby certify that the information given in this application and all attachments thereto is true, correct, and complete to the best of my knowledge. I authorize the Louisiana State University System to verify all facts relevant to my claim for residence.

Signature of application_____Date _____/_____/_____

CLASSIFICATION ASSIGNED BY LSUHSC-NO

Resident effective_____Non-Resident _____

Approved by_____Date _____

RECOMMENDATION FOR SYSTEM RESIDENCE APPEALS COMMITTEE

Date appeal forwarded to System Appeals Committee _____

Resident effective_____Non-Resident _____

Personal Statement and Supplemental Information