



Office of Admissions

Sandel Hall 102 | 700 University Avenue | Monroe, LA
71209-1160 P: 318.342.7777 | ulm.edu/admissions

University of Louisiana Monroe
Residency Form

Please attach all necessary documentation to this form
and return to the Office of Admissions

Name: _____ SS#: _____ - _____ - _____

Original Entry Semester (check one): [] Fall [] Spring [] Summer Year: _____

Quaying

[]

Year of parent's graduation from ULM: _____

Documentation needed:

Applicant's birth certificate

2. [] Parent is a resident of Louisiana (you can claim this only if you are under the age of 25).

Parent's full name: _____

Length of time parent has lived in Louisiana: _____

Parent's place of full-time employment Yes

[]

[]

[]

[]

with form W-2; (2) utility bills

, or lease agreement, or
property deed, establishing the date upon which parent's residency began in Louisiana (3) applicant's
birth certificate

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3. I have continuously resided in Louisiana for one calendar year or more.

Were you employed full-time during that year? Yes No Where? _____

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12. I am a Resident Alien, and I have continuously resided in Louisiana for one calendar year or more.

Resident Alien Number: _____ Expiration Date: _____

Documentation needed:

(1) Copy of “green card”; (2) most recent state tax returns, along with form W-2; (2) utility bills, or lease agreement, or property deed, establishing the date upon which residency began in Louisiana.

13. I am in the U.S. on one of the following types of Visas [(circle one): E, G, H-1B, H-4, I, K, L], and I have continuously resided in Louisiana for at least one calendar year.

Documentation needed: (1) Copy of visa (2) most recent federal and state tax returns, along with form W-2; (3) utility bills, or lease agreement, or property deed, establishing the date upon which residency began in Louisiana.

14. I am in the U.S. on an “A” visa.

Documentation needed: Copy of visa.

I hereby declare that all information on this form is correct, and that all documentation submitted to support this appeal is authentic. I agree to submit any additional documentation or information necessary to process my residency appeal. I understand that “All students classified incorrectly as residents are subject to reclassification and payment of all nonresident fees not paid. If incorrect classification results from false or concealed facts by the student, the student is also subject to University discipline.”

PRINTED Name

Signature

Date

Phone: () _____

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