

## RESIDENCY CLASSIFICATION DATA COLLECTION FORM

**INSTRUCTIONS:** Please complete all parts of this form. If you do not do so, your request for reclassification will not be processed. Some of the informational requests in this form will require you to provide copies of documents such as leases and tax return forms. Please be sure that these items are attached to the form when you return it. In addition to the information you are providing in this form, you may provide as much other information as you wish. The information you provide will be treated confidentially. If you need more space for any of the questions, please use Page 6 of this form and attach additional sheets as needed.

If you are in need of assistance, please contact the

**II. RESIDENTIAL HISTORY**

A. Please provide every address at which you resided eighteen months before your enrollment at the University. Include local addresses if you were enrolled at another college, university or post-high school institution.

| FROM | TO | ADDRESS |
|------|----|---------|
|      |    |         |
|      |    |         |
|      |    |         |
|      |    |         |

B. Please provide every address at which you resided since your enrollment at the university, the dates of residence and the person(s) with whom you resided.

| FROM | TO | ADDRESS AND WITH WHOM |
|------|----|-----------------------|
|      |    |                       |
|      |    |                       |
|      |    |                       |
|      |    |                       |

C. Do you currently lease property? ( ) YES ( ) NO

D. Do you currently own real estate? ( ) YES ( ) NO

**NOTE:** If you lease or own property, please attach a copy of your lease agreement, mortgage or deed to this form.

**III. ACADEMIC HISTORY**

A. Please provide the names and addresses of all colleges, universities or other post-high school institutions you ever attended, the dates of attendance and the o

B. Please provide the names and address of every high school or equivalency program you ever attended, as well as your dates of attendance and graduation.

| FROM | TO | NAME AND ADDRESS OF INSTITUTION | DATE OF<br>GRAUDATION |
|------|----|---------------------------------|-----------------------|
|      |    |                                 |                       |
|      |    |                                 |                       |
|      |    |                                 |                       |
|      |    |                                 |                       |

**IV. EMPLOYMENT HISTORY**

A. Are you currently em0.651 0 Td(M)

B. TO BE ANSWERED ONLY BY **FRESHMAN, TRANSFERS** AND OTHER **NEWLY- ENROLLED** STUDENTS.

1. Did anyone, other than yourself, claim you as a tax dependent for Federal income taxes the year before

NOTE: Please provide copies of the income tax form(s) of the person(s) listed above or provide an explanation as to why you cannot do so:

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3. Have you ever received any form of financial aid (loan, scholarship, grant) from a state other than Pennsylvania either directly or through a bank, or from any U.S. territory, district, possession or reservation?    (    ) YES    (    ) NO

a. If your answer to the above question was YES, then please provide the dates, amounts, sources and forms of such financial aid.

| SOURCE | AMOUNT | FORM | DATE |
|--------|--------|------|------|
|--------|--------|------|------|

**VI. VERIFICATION**

Please sign in the space provided below and have this form notarized.

I certify that the for