The attached application and this cover sheet are to be completed by any student attending The University of Southern Maine as a nonresident and who wishes to be considered a Maine resident for tuition purposes. The notarized completed application with all required documentation attached and this cover sheet are to be sent to the Director of Student Accounts, University of Southern Maine, P.O. Box 9300, Portland, Maine 04104-9300. All applications must be received no later than the first day of classes for the fall, spring or summer term for which residency is requested. Applications may not be retroactive.

Typically, one of the five conditions listed below must be met in order for a student to be approved for a change of residency status. Please check the condition under which you are applying for a change of status, and include this sheet as the cover of your completed, notarized application.

_____ I have read the attached University of Maine System Residency Guidelines which provide additional details regarding the criteria used to determine residency.

1. The applicant has lived in the State of Maine, for other than educational purposes one year prior to registration (non-matriculated students) or application for enrollment (matriculated students).

   A residence established for the purpose of attending a UMS campus shall not constitute domicile. The burden of proof will be on the student to prove that he or she has established Maine domicile for other than educational purposes. Documentation of ties to the community that go beyond those typical for a student is required. Letters demonstrating active involvement in state/community based activities are encouraged to be included with supporting documentation.

2. The applicant is dependent upon his/her parents or legally-appointed guardians and his/her parents or legally-appointed guardians are domiciled in Maine.

3. The spouse of the applicant or domestic partner of the applicant currently has continuous, permanent full-time employment in Maine and the employment began prior to the applicant registering or applying for enrollment at USM.

4. The applicant is the spouse or the domestic partner of a Maine resident who can demonstrate Maine domicile one year prior to the student registering or applying for enrollment.

5. The applicant is a member of, a dependent of a member of, or is the spouse or domestic partner of a member of the United States Armed Forces actively stationed in Maine or, if actively stationed elsewhere, a member who has maintained Maine as his/her domicile.

(Name- Please Print)             (Student ID)

(Signature)                    (Date)

P.O. Box 9300, Portland ME 04104-9300
(207) 780-5200, TTY (207) 780-5646, FAX (207) 780-8591
www.usm.maine.edu/usos
A member of the University of Maine System
THE UNIVERSITY OF MAINE
REQUEST FOR CHANGE OF RESIDENCE STATUS

INSTRUCTIONS
This form is to be completed by those whose admission to the University of Maine System was that of a nonresident, and who now wish to be considered a Maine resident for tuition purposes. This form is to be sent to the appropriate campus office on or before the first day of classes for the fall, spring or summer semester for which residency is requested. Further instructions will be available at the campus office which issues this form.

Please answer all questions completely, using "NONE" or "N/A" for those questions which do not apply to your situation. If you need more space or wish to make a further statement, feel free to attach pages, clearly indicating the subject of each addition.

PLEASE PRINT OR TYPE

1. Name ____________________________________________ Social Security No. ____________________________
   Last                                     First                                      Middle

2. Present Address own ☐
    rent ☐
    Number                               Street                             Apt/Box
    City                                 State                               Zip

3. Permanent Address own ☐
    rent ☐
    Number                               Street                             Apt/Box
    City                                 State                               Zip

4. Date of Birth  /  /  Place of Birth
   Month Day Year

5. Father's Name
   Last                                     First                                      Middle
   His address ___________________________
   Number                               Street                             City                      State                        Zip
   Since  /  /  Home Phone ( )            Business Phone ( )
   Month Day Year                        Area

6. Mother's Name
   Last                                     First                                      Middle
   Her address ___________________________
   Number                               Street                             City                      State                        Zip
   Since  /  /  Home Phone ( )            Business Phone ( )
   Month Day Year                        Area

7. Spouse or Domestic Partner’s Name
   Last                                     First                                      Middle
   Address _____________________________
   Number                               Street                             City                      State                        Zip
   Since  /  / ______________________

8. Do you have a guardian? □ No; □ Yes. □ Legal; □ Informal.
   Guardian’s Name __________________________
   Last                                     First                                      Middle
   Address _____________________________
   Number                               Street                             City                      State                        Zip
   Since  /  / ______________________
   Date of Court Order  /  /  / 
   Month Day Year

9. List all Colleges/Universities attended in the last 3 years.

<table>
<thead>
<tr>
<th>Institution</th>
<th>State</th>
<th>Dates Attended from</th>
<th>to</th>
<th>Degree Program</th>
<th>In-State Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>mo / year</td>
<td>mo / year</td>
<td>□ No; □ Yes.</td>
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<td>mo / year</td>
<td>mo / year</td>
<td>□ No; □ Yes.</td>
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<td>mo / year</td>
<td>mo / year</td>
<td>□ No; □ Yes.</td>
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</table>

10. Number of credit hours currently registered for ____________________________

11. Have you been enrolled each semester since your first entry? □ Yes ☐ No ☐

12. If not, explain interruption (cause, where you resided, type of work or services, dates) ______________________________________________________

13. Name and location of last high school attended
   High School __________________________
   City                                  State

14. List all employers, employers’ addresses, dates of employment, in past 2 years.

<table>
<thead>
<tr>
<th>Employer</th>
<th>City</th>
<th>State</th>
<th>Hours Per Week</th>
<th>From</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
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</table>
15. Date of Arrival in Maine ________ / ________ / ________

List all addresses where you have resided in the immediate preceding 2 years. Give inclusive month/day/year for each residence, including current residence and the reason you resided at that address, for example, parents' residence, school, employment, etc.

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>mo</td>
<td>day / year</td>
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<td></td>
<td>mo</td>
<td>day / year</td>
</tr>
</tbody>
</table>

16. How many continuous months have you resided in the state of Maine?

17. If you have been absent from Maine excluding holidays in the immediately preceding twelve months, please describe below.

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Reason</th>
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</thead>
<tbody>
<tr>
<td>mo / day / year</td>
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<td>mo / day / year</td>
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<td>mo / day / year</td>
<td>mo / day / year</td>
<td></td>
</tr>
</tbody>
</table>

18. List dates and states of each place in which you have registered to vote in the past 2 years.

<table>
<thead>
<tr>
<th>Date of Registration</th>
<th>State</th>
</tr>
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<tbody>
<tr>
<td>mo / day / year</td>
<td></td>
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<tr>
<td>mo / day / year</td>
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</tr>
</tbody>
</table>

19. Which state(s) has withheld state income taxes from your salary in the past 2 years?
(Indicate all states for each year listed.)

<table>
<thead>
<tr>
<th>Tax Year</th>
<th>State or States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 1 to Dec. 31, 20__</td>
<td></td>
</tr>
<tr>
<td>Jan. 1 to Dec. 31, 20__</td>
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</tr>
</tbody>
</table>

20. What state did you list as your legal residence on your last Federal Income Tax Return? ________________________________
21. Have you operated a motor vehicle in the past 12 months?  □ No;  □ Yes.
   Your license number ___________________________ State ___________________________ Expiration Date ___________________________
   When was your license last renewed? __________ Month __________ Year
   If you own a motor vehicle, what is the registration number? ___________________________ State ___________________________
   Names of the registered owner(s) of the vehicle(s) you operated ___________________________
   Address of registered owner ___________________________ City ___________________________ State ___________________________

22. Do you own any real property?  □ No;  □ Yes. Type of property ___________________________
   Location ___________________________ Date of Purchase __________ / __________ / __________
   (residence, farm, business, etc.) Month Day Year

23. Do you have a bank account (checking or savings)?  □ No;  □ Yes. If yes, complete this section.

<table>
<thead>
<tr>
<th>Bank</th>
<th>City</th>
<th>State</th>
<th>Account Opened</th>
<th>Type of Account</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>month/year</td>
<td>Checking □</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Savings □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>month/year</td>
<td>Checking □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Savings □</td>
</tr>
</tbody>
</table>

24. What are your career plans upon completion of your studies? ___________________________

25. Do you intend to relinquish your residency in any other state and establish it in Maine? ___________________________. How long do you intend to reside in Maine? ___________________________

26. What state do you consider your permanent abode? ___________________________. List any other information which may be pertinent to your classification as a Maine resident for tuition purposes: ___________________________

27. Are you receiving financial assistance from any state other than Maine?  □ No;  □ Yes. If yes, complete this section. Type of assistance ___________________________. Date Received __________ / __________ / __________
   Name of granting agency ___________________________ City ___________________________ State ___________________________

28. If you applied for federal financial aid, what state did you indicate as your legal residence on your application? ___________________________

29. Did your parents or legal guardian claim you as a dependent on federal or state income tax returns in the immediate past tax year?  □ No;  □ Yes. If yes, who:  □ Father;  □ Mother;  □ Guardian.

30. If presently independent of parents’ support, indicate how you are financing living and tuition expenses: ___________________________

31. Have you served in the U.S. Armed Forces?  □ No;  □ Yes. If yes, complete this section.
   a. Place of induction ___________________________ Date __________ / __________ / __________ Age when inducted __________
   b. Permanent home of record on your original entry papers
      Permanent home of record on your separation papers (DD-214) ___________________________ City ___________________________ State ___________________________
   c. Indicate each city and state in which you purchased real property while in the service.
      ___________________________ City ___________________________ State ___________________________
      ___________________________ City ___________________________ State ___________________________

32. Indicate city, state, and date of draft registration.
   City ___________________________ State ___________________________ Month __________ Day __________ Year __________

33. Are you a citizen of the United States?  □ Yes.  □ No;  If no, complete this section.
   Country of citizenship ___________________________ Date of entry into the United States ___________________________
   □ Immigration
   Type of visa:  □ Student If Immigrant, Alien Registration No. ___________________________
   □ Diplomatic

34. Are you a dependent of a member of the United States Armed Forces?  □ No;  □ Yes.
   If yes, address of military station ___________________________ City ___________________________ State ___________________________
ALL PETITIONERS MUST COMPLETE THIS SECTION
I am declaring Maine as my state legal residence for tuition purposes, I certify that the information presented in support of this application is true and correct.

Date ___________________ Signed ___________________

Sworn and subscribed before me this ______________ day of ___________________ 20_____  

My commission expires ____________________  

NOTE: To support your claim of residency, please attach the following documents to this application.
1. Certification of voter registration from the town or city clerk of your community.
2. Rent receipts or copy of the lease covering the previous 12 months of your residence in Maine.
3. Copy of drivers license.
4. Copy of automobile registration.
5. Copy of current bank account statement.
6. Copy of parents Federal income tax form 1040 (excluding schedules) for most recent tax year.
7. Copy of your state income tax form (excluding schedules) for the most recent tax year.
8. Other documents that you feel appropriate for support of your claim of residence.

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UNIVERSITY USE ONLY

Action for Change of Residence Status:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Campus Officer</th>
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Effective Date (if approved)

Comments:

Appeals:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Date</th>
<th>Campus President</th>
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<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Date</th>
<th>Treasurer, University of Maine System</th>
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Student e-mail address __________________________