



UNIVERSITY OF  
**SOUTHERN MAINE**  
Student Accounts

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)



UNIVERSITY OF  
SOUTHERN MAINE

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

## 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 officer 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#  
City State Zip Telephone Area
3. Permanent Address own ☐  
rent ☐ \_\_\_\_\_  
Number Street Apt#  
City State Zip Telephone Area
4. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month / Day / Year City State
5. Father's Name \_\_\_\_\_  
Last First Middle  
His address \_\_\_\_\_  
Number Street City State Zip  
Since \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Month / Day / Year Area Area
6. Mother's Name \_\_\_\_\_  
Last First Middle  
Her address \_\_\_\_\_  
Number Street City State Zip  
Since \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_  
Month / Day / Year Area Area
7. Spouse or Domestic Partner's Name \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
Number Street City State Zip  
Since \_\_\_\_\_  
Month / Day / Year
8. Do you have a guardian? ☐ No; ☐ Yes. ☐ Legal; ☐ Informal.  
Guardian's Name \_\_\_\_\_ Date of Court Order \_\_\_\_\_  
Last First Middle Mo. / Day / Yr.  
Address \_\_\_\_\_ Since \_\_\_\_\_  
Month / Day / Year
9. List all Colleges/Universities attended in the last 3 years.

Institution	State	Dates Attended		Degree Program	In-State Tuition
		from	to		
		mo / year	mo / year		<input type="checkbox"/> No; <input type="checkbox"/> Yes.
		mo / year	mo / year		<input type="checkbox"/> No; <input type="checkbox"/> Yes.
		mo / year	mo / year		<input type="checkbox"/> No; <input type="checkbox"/> Yes.

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.

Employer	City	State	Hours Per Week	Dates	
				From	To
				mo / year	mo / year
				mo / year	mo / year
				mo / year	mo / year

15. Date of Arrival in Maine \_\_\_\_\_  
 Month / Day / Year

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.

Address	City	State	FROM mo / day / year	To mo / day / year	Reason
Address	City	State	FROM mo / day / year	To mo / day / year	Reason
Address	City	State	FROM mo / day / year	To mo / day / year	Reason
Address	City	State	FROM mo / day / year	To mo / day / year	Reason

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.

FROM mo / day / year	To mo / day / year	Reason
FROM mo / day / year	To mo / day / year	Reason
FROM mo / day / year	To mo / day / year	Reason
FROM mo / day / year	To mo / day / year	Reason

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

Date of Registration	State
mo / day / year	
mo / day / year	

19. Which state(s) has withheld state income taxes from your salary in the past 2 years?

(Indicate all states for each year listed.)

Tax Year	State or States
Jan. 1 to Dec. 31, 20__	
Jan. 1 to Dec. 31, 20__	

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 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

22. Do you own any real property? ☐ No; ☐ Yes. Type of property \_\_\_\_\_

(residence, farm, business, etc.)

Location \_\_\_\_\_ Date of Purchase \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

Bank	City	State	Account Opened	Type of Account	
			month/year	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>
			month/year	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Mo \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

b. Permanent home of record on your original entry papers \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

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 ☐ Diplomatic If Immigrant, Alien Registration No. \_\_\_\_\_

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\_\_\_\_\_

Notary Public

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.

## UNIVERSITY USE ONLY

### Action for Change of Residence Status:

Yes No Campus Officer

Effective Date (if approved) \_\_\_\_\_

Comments: \_\_\_\_\_

Appeals: \_\_\_\_\_

Yes No Date Campus President

Yes No Date Treasurer, University of Maine System

Student e-mail address \_\_\_\_\_