

**RESIDENCE STATUS REVIEW FORM FOR TUITION PURPOSES****Return to the address above**

Wisconsin Statute 36.27 requires the payment of non-resident tuition by students who are residents of states other than Wisconsin or have not been bonafide residents of Wisconsin for one year (12 months) immediately preceding the beginning of the semester for which they are registering.

1. For which term are you requesting a review of your resident status:

Fall 20 \_\_\_\_\_ January 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Initial

Email address \_\_\_\_\_

3. Mailing Address \_\_\_\_\_  
Street Address, City, State, Zip Code

4. Permanent Address \_\_\_\_\_  
Street Address, City, State, Zip Code

5. Birthdate \_\_\_\_\_ Falcon ID: W \_\_\_\_\_ Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. If foreign born, are you a legal resident of the United States? \_\_\_\_\_

7. When did you come (or last return) to Wisconsin to establish a permanent residence?

Date \_\_\_\_\_ From(place) \_\_\_\_\_

Explain any earlier stay(s) here \_\_\_\_\_

8. Supply the following information:

a. Father's Name \_\_\_\_\_ Address \_\_\_\_\_

b. Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

c. If Parents' addresses differ, explain \_\_\_\_\_

d. If neither parent living, or if you have a guardian, guardian's name:

Guardian's name \_\_\_\_\_ Address \_\_\_\_\_

9. What are the sources of your support? (If several, itemize amounts of percentages.)

\_\_\_\_\_

10. What percent of your funds do you obtain from your parents? \_\_\_\_\_

11. On whose federal income tax return were you listed as a dependent last year? \_\_\_\_\_

12. On whose federal income tax return will you be listed as a dependent for the current tax year?

\_\_\_\_\_

13. What outside activities, other than educational, do you participate (church, community, political, etc.)

\_\_\_\_\_

14. Date purchased or began renting living accommodations in Wisconsin. If rental, is your house/apartment rented furnished or unfurnished? \_\_\_\_\_

15. Date employer began to withhold Wisconsin state income taxes from your salary?

Date \_\_\_\_\_ Employer's Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer's Name & Address \_\_\_\_\_

16. From where did you file your last federal income tax returns and for what tax year?

\_\_\_\_\_

17. Did you file a state income tax return for the last tax year? Yes \_\_\_\_\_ No \_\_\_\_\_

From what state? \_\_\_\_\_

Name of Employer(s) \_\_\_\_\_

18. Date registered to vote in Wisconsin \_\_\_\_\_

19. Date registered a motor vehicle in Wisconsin \_\_\_\_\_

20. Date obtained a valid Wisconsin Driver's License \_\_\_\_\_

21. Read the Statute 36.27 and below write a clear and complete a statement as you can covering the following: (Be specific and factual but be concise; use separate sheets if necessary. This statement should be supported with any appropriate documentary evidence. Signature block is below. Please have a notary public witness your signature.

- Your purpose of coming or last returning to Wisconsin.
- A chronology of dates and events related to your coming here, your activities, your employment, and places of residence from the time you were living at home and attending high school, until the present. Explain any absences from the state.
- Facts that, in your opinion and in the light of the regulations, tend to establish your residence here. Indicate the semester for which you should qualify.
- Your immediate and long range plans.

### RECONSIDERATION REQUEST TO RESIDENCY STATUS FOR FEE PURPOSES

I have read the excerpt of Wisconsin Statute 36.27(2) relating to determination of non-resident students. With this in mind, I am petitioning for reconsideration of the initial residency determination. (See question 21 of the form requesting reconsideration.)

### EXPLANATION

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22. I certify that the information on this form is true and complete to the best of my knowledge, and I understand that inaccurate information may affect my enrollment or fee assessment. I authorize the use of any University records which may have a bearing on this reconsideration.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

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

SEAL

\_\_\_\_\_  
 Notary Public