

UNIVERSITY OF CONNECTICUT HEALTH CENTER
GUIDELINES FOR DETERMINING IN-STATE RESIDENCY STATUS

Medical or dental students admitted as out-of-state residents may apply for in-state residency status after their first year of matriculation. In order to obtain in-state status the following criteria must be met:

- a. domicile
- b. emancipation
- c. financial independence

Domicile:

The student should submit lease agreements and first and last rental receipts (canceled checks) as proof of maintaining a permanent domicile in Connecticut (CT) for a 12 month period. Lease agreements beginning September 1 of the year a student was admitted will be accepted as proof of the 12 month residency requirement.

Additional documentation for establishing domicile includes, but is not limited to, a valid CT driver's license, CT motor vehicle registration as required by law for residency and CT voter registration card.

Emancipation:

The State of Connecticut defines an emancipated person as any individual who has attained the age of 18, and whose parents have entirely surrendered the right to the care, custody and earnings of such a person and who are no longer under any legal obligation to support or maintain such person. A student who has attained the age of 24 is usually, but not always, considered emancipated independent of parental support.

A first year student may be claimed by a parent on a federal tax return for a portion of the calendar year in which they are admitted because the tax year and the academic year overlap. First year medical or dental students may only be claimed for that portion of the calendar year before classes begin, e.g., the student may be claimed for the months of January – July. The student applying for in-state residency status can not be claimed on subsequent tax returns if their application is approved. Students may be asked to provide a copy of their parents' tax return. If a first year student was claimed on their parents' tax return for a portion of the calendar year in which they are admitted, the student has an obligation to prove s/he is now financially independent as noted below.

Financial Independence:

All applicants must demonstrate financial independence from immediate family members (mother/father). Students may use financial aid award letters as proof of financial independence. The amount awarded must be such to reasonably cover expenses associated with school and normal living expenses. If the aid awarded does not provide sufficient means to establish financial independence, the student must submit proof of other sources of financial support, i.e. bank statements, pay stubs, etc.

Disclosure of parents' income in determining financial aid awards will not automatically disqualify a student from being approved for in-state status because certain financial aid applications for medical and dental students require disclosure of parents' income, even if the individual is emancipated. All financial aid awards must identify the student and not the parent as responsible for the debt.

Documentation

Students are encouraged to address any questions concerning the application process to the hearing officer in room LM035. Please note that the hearing officer may request additional documentation if s/he feels that it is necessary to substantiate any of the three requirements for in-state residency status. Applications from students in the Medical or Dental School, with all supporting documentation, must be submitted by June 1, prior to the Fall billing cycle. A medical or dental student who is denied CT residency by the initial hearing officer may make an appeal to the Director of the Student Services Center.

UNIVERSITY OF CONNECTICUT HEALTH CENTER
SCHOOL OF MEDICINE SCHOOL OF DENTAL MEDICINE

APPLICATION FOR IN-STATE STUDENT STATUS

A student classified as an out-of-state resident desiring to qualify as an in-state student for tuition purposes must submit this application for a change of classification. The criteria for in-state classification are defined in Public Act 474 passed by the 1973 session of the Connecticut General Assembly. After the following items of information have been completed, a full review of classification will be made and any approved changes transmitted to the appropriate offices. Students may be called for a personal interview.

PART I PERSONAL INFORMATION

Student Name: _____ Social Security Number: _____

Current Mailing Address: _____

Daytime Phone: _____ E-Mail: _____

Permanent CT Home Address: _____

Date of Birth: _____ Place of Birth: _____

Program Affiliation (Check/circle all that apply):

MD DMD

Student Status: Married Single Separated

If Married:
Full Name of Spouse: _____
His/Her Permanent Home Address: _____

His/Her Present Address: _____

Spouse is recognized as a resident of what state? _____ Since: _____

List the addresses at which you have resided over the past two years and indicate if rented or owned.
If rented, attach a copy of your most recent lease agreement and rent receipts if available.

From:	To:	Location:	R/O
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all colleges or universities (including UConn) in the order in which you attended:

Name of College	Address	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you a U.S. citizen or permanent resident? Yes No. If no, what type of visa do you hold? _____
If permanent resident, attach copy of green card or letter from INS indicating you have been approved for permanent residency. If born outside of the U.S. and now a citizen, please provide proof of such.

Are you a registered voter? Yes No If yes, where? _____ As of _____
If yes, attach a copy of your voter registration card.

Do you hold valid driver's license? Yes No
If yes, attach a copy of your CT driver's license.

Do you own an automobile? Yes No
If yes, motor vehicle must be registered in Connecticut by state law. Attach copy of registration.

PART II PARENT INFORMATION

Name of parents or legal guardian: _____

Address of parent or guardian for the last two years

From: To: Location:

Do you consider yourself totally emancipated from your parents or guardian? Yes No
If yes, since when? _____

PART III FINANCIAL INFORMATION

Were you claimed as an exemption by anyone on their most recent federal income tax return? Yes No
If yes, by whom (name and relationship) _____
If yes, attach a copy of that return.

Did your parent(s)/guardian contribute to your support and/or expenses since your matriculation? Yes No
If no, attach a notarized statement from parent(s)/guardian indicating the date and circumstances under which they stopped providing support. Note: you should not have received support since your matriculation.

If yes, attach a notarized explanation from parents of how much and circumstances, i.e. interest free loan that you must pay back, one time gift with no further support provided etc.?

Did you receive any financial aid in the past 12 months? Yes No
If yes, please indicate sources below: Attach a copy of award letters.

Did you pay a state income tax, a capital gain tax or a property tax last year? Yes No
If yes, in what state? _____

If yes, attach copy of form.

Do you maintain a savings or checking account at any bank(s)? Yes No
If yes, give name and location of bank _____

If yes attach copy of statements and/or canceled checks.

List names and addresses of employers, states where employed and average hours per week worked for the last two years:

Name	Address	Dates Employed	W2 Issued (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the space provided below list any additional facts which you think would be helpful in determining your request to be classified as an in-state student.

To the best of my knowledge and belief, the information given in this application is complete and accurate. Failure to disclose fully and accurately all facts relating to this application shall be grounds for dismissal.

Student's Signature _____ Date _____

Return forms to **Office of Records/Registration**
Room LM035
MC-1827

University Action:	
Approved _____	Date _____
Signature and Title	
Declined _____	Date _____
Signature and Title	

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