



North Carolina Residency Form

All North Carolina residents must complete and return both sides of this form.

Information Relating to Claimed North Carolina Residence For Tuition Purposes—North Carolina Law (G.S. 116-143.1) requires that “To qualify for in-state tuition, a legal resident must have maintained his domicile in North Carolina for at least 12 months immediately prior to his classification as a resident for tuition purposes.” The information requested on this form must be supplied by every applicant for admission or readmission to the University of North Carolina Wilmington who claims to be eligible for the North Carolina tuition rate. Complete the form and return it with your application for admission. This information is to be used only in connection with determination of your residence status for tuition purposes.

Answer all questions. Type or print with black ink.

1. Applicant's Full Name _____ Social Security Number _____
Optional—for identification purposes only

2. When do you claim your legal residence in North Carolina began? (mm/dd/yyyy) _____

3. Have you applied to be classified as a resident for tuition purposes at UNC Wilmington during the last 12 months? Yes No
If yes, decision reached: Resident Non-resident Last term and year you were so classified _____
Term Year

4. Indicate the year and check the earliest term in which you want this residency decision to apply.
Year ____ Fall Spring Summer I Summer II

5. Age _____ Date of Birth _____ Place of Birth _____
Month Day Year City State

6. If citizenship other than U.S., indicate document status (visa, green card) _____ When obtained _____

7. Current Mailing Address _____ Since _____
Street City State Zip Month Year

8. Previous Mailing Address _____ Since _____
Street City State Zip Month Year

9. Father living? No Yes His name _____

10. Mother living? No Yes Her name _____

11. If your parents are divorced, in whose custody are/were you? _____

12. Name of court-appointed guardian _____ Court appointed at _____ on _____
If Applicable Place Month Year

13. Have you or either of your parents been in active military service within the past two years? No Yes

14. If yes, what are the dates of military service? ____ / ____ / ____ to ____ / ____ / ____ If yes, location of permanent duty station _____

15. Check each of the following you have ever done outside North Carolina:

Attended secondary school ____ / ____ / ____ to ____ / ____ / ____ Attended post secondary school ____ / ____ / ____ to ____ / ____ / ____ Worked ____ / ____ / ____ to ____ / ____ / ____

16. Permanent Address

Yours _____
Father _____
Mother _____
Guardian _____

17. Last Address Outside North Carolina

Yours _____ / ____ / ____ to ____ / ____ / ____
Father _____ / ____ / ____ to ____ / ____ / ____
Mother _____ / ____ / ____ to ____ / ____ / ____
Guardian _____ / ____ / ____ to ____ / ____ / ____

18. Occupation

Job Title	Address (City, State)	From - To Dates	Hours/Week
Yours	_____	____ / ____ / ____ to ____ / ____ / ____	_____
Father	_____	____ / ____ / ____ to ____ / ____ / ____	_____
Mother	_____	____ / ____ / ____ to ____ / ____ / ____	_____
Guardian	_____	____ / ____ / ____ to ____ / ____ / ____	_____

North Carolina Residency Form

19. Who claimed you last year as a dependent on state and federal income tax returns?

	Name	Tax Year	State
Parent	_____	_____	_____
Spouse	_____	_____	_____
You	_____	_____	_____

20. Does anyone intend to claim you as a dependent on state and/or federal income tax returns for the current tax year? Yes No

If you answered YES: Name _____ Relationship to you _____
 State to be filed in: _____

21. Indicate when and where each of the following was most recently completed. The parent/guardian/spouse section must be completed by the individual claiming you on the most recent tax return.

	SELF			PARENT / GUARDIAN / SPOUSE		
1. Registered to Vote	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____
2. Voted	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____
3. Called to Serve on Jury Duty	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____
4. Acquired or Renewed Driver's License	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____
5. Acquired Ownership of Property for Use as Your Principal Dwelling	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____
6. Registered Licensed Motor Vehicle(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	State: _____	Date (M/D/Y): _____

I certify that these responses are true to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that my knowing falsification hereon may result in disciplinary action, including denial of admission or dismissal after admission.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian if Applicant is under 18 Years of Age _____ Date _____

PLEASE SEND OR FAX COMPLETED FORM TO: