

MTSU UNDERGRADUATE APPLICATION

for In-state Classification

Deadlines: Fall, August 1 • Spring, December 1 • Summer, May 1

IMPORTANT: Changes to tuition rates cannot be made after the University's census date each semester (typically the 14th day of the fall and spring semesters, early July in the summer semesters). This application must be completed and processed prior to the census date for currently enrolled students to remove any out-of-state tuition charges for the current semester.

Directions:

- If you are a new student, you must apply for admission prior to submitting this application.
- Do not submit this application until all required documentation is obtained. Please submit prior to the deadline for the appropriate semester.
- Please check our FAQ page at <http://mtsu.edu/residency>, and review all of the questions carefully before completing the application. Space is provided on the last page for you to elaborate further on your reasons for seeking in-state classification for fee-paying purposes. The more complete an explanation you provide, the more efficiently a decision will be rendered. PLEASE PRINT LEGIBLY.
- Simply completing this application may not be sufficient to allow in-state fee payment—documentation is crucial. The burden of proof of all conditions pertaining to in-state classification is placed upon the student and/or student's parent or guardian, including the responsibility for providing any documents as proof. MTSU will not print or request documentation on the student's behalf.
- Return the completed application packet, with all requested documentation, to the **MT One Stop, Student Services and Admissions Center 210, Middle Tennessee State University, Murfreesboro, TN 37132.**
- After your completed application and documentation is received, the information will be reviewed within the context of the MTSU Board of Trustees regulations for in-state classification. Once a decision has been made, you will receive an email (usually within 7–10 business days) notifying you of your classification for fee payment.
- **Priority date for in-state classification applications:** Fall, August 1; Spring, December 1; Summer, May 1. **Due to the high volume of activity immediately before and during registration, we cannot guarantee that applications received or completed after the priority date will be processed before the fee-payment deadline. Late applications will be processed on a first-come, first-served manner. If this application is submitted after the University census date, the application will be considered for the next term.** Please answer all questions thoroughly. Incomplete information will result in delayed processing times.

In-state application for Fall 20____ Spring 20____ Summer 20____

NOTE: If student has been admitted to the University, all correspondence regarding in-state classification will be sent to student's official MTSU email address.

A. GENERAL INFORMATION

1. MTSU ID # _____
2. Full legal name _____
Last First Middle Maiden Surname
3. Email address _____ Phone number (_____) _____
Area code
4. Do you have a driver's license? Yes No If **No**, please explain _____
(Documentation: photocopy of license; Tennessee ID card is not acceptable. An out-of-state driver's license is not acceptable)
5. MTSU email address _____ Phone number (_____) _____
Area code
6. Do you now attend or have you previously been enrolled at Middle Tennessee State University? Yes No
If **Yes**, give dates: from _____ to _____
Have you attended another Tennessee institution? Yes No
If **Yes**, give name of institution(s) and dates attended _____
Were you granted in-state classification? Yes No

7. **Current** physical address _____
Street/Number City State Zip

a. Length of time at this address: _____ Years _____ Months

b. Do you own the residence in which you currently reside? Yes No
If **Yes**, the date of purchase _____

c. If you have resided at the above address less than one year, provide your previous address:

Street/Number City State Zip

Length of time at this address: _____ Years _____ Months Own Rent Other _____

8. **Permanent** Tennessee address _____
Street/Number City State Zip

a. Length of time at this address: _____ Years _____ Months

b. Own Rent Other _____

c. Name and relationship (if any) of owner if other than yourself _____

B. CITIZENSHIP

9. Are you a citizen of the U.S.? Yes No If **No**, permanent resident or visa type _____
(Documentation: photocopy of the proof of visa)

10. Have you resided in Tennessee continuously since birth? Yes No

11. Date and place of birth _____
Date City County State Country

C. PARENT INFORMATION

12. Did either parent or guardian claim you as a dependent on his/her most recent income tax return? Yes No
If **Yes**, his/her name _____ What year? _____
(Documentation: photocopy of address and dependent sections of tax form)

13. Father's name _____
Last First Middle

14. Father's address _____
Street/Number City State Zip

15. Mother's name _____
Last First Middle

16. Mother's address _____
(If different than father's) Street/Number City State Zip

17. Do you have a **legally** appointed guardian in Tennessee or will a Tennessee resident claim you as a dependent? Yes No
If **Yes**, guardian's name _____
Last First Middle

Guardian's address _____
Street/Number City State Zip

D. EMPLOYMENT

18. Are you presently employed in the state of Tennessee? Yes No

a. If **Yes**, part-time full-time

b. Total number of hours worked each week _____

Employer's name _____ Phone no. _____
(Area code)

Employer's location (city and state) _____ Starting date ____/____/____

(Documentation: original copy of letter from employer(s) on official stationery which verifies the above information)

If you have been employed at your current job less than one year, please provide the same information about your previous employer. MTSU will not contact your employer to verify employment. Documenting employment is the burden of the student.

E. MARITAL INFORMATION

19. Marital Status Married Single

20. Spouse's name _____
Last First Middle

(Documentation: photocopy of marriage certificate)

21. Has your spouse lived in Tennessee continuously since birth? Yes No

If **No**, when did spouse establish his/her most recent residence in Tennessee? Month _____ Year _____

22. For what reason did spouse come to Tennessee to establish most recent domicile?

23. Is your spouse employed full-time? Yes No

If **Yes**, how long has he/she been in present position? _____ Years _____ Months

24. Name and address of spouse's employer _____
Employer Name City State

If your spouse has been employed at his or her current job less than one year, please provide the same information about his or her previous employer.

25. Is spouse a citizen of the U.S.? Yes No If **No**, spouse is a permanent resident or visa type _____

F. EXPLANATION OF REQUEST TO PAY IN-STATE FEES

Please select the scenario that is most applicable.

I am a dependent of a Tennessee resident.

I have lived in Tennessee for at least one year and have not attended any college/university during this time.

I am a Tennessee homeowner.

I am married to a Tennessee resident.

I have worked in Tennessee full time for at least 8 months and have not enrolled at any college/university.

I was transferred to Tennessee by my employer to continue full-time employment at their Tennessee office/location.

I have completed the Part-Time/Full-Time Program at MTSU.

Other: Please state when and why you moved to Tennessee _____

This application will not be processed unless dated and signed.

My signature below is to certify to the correctness and completeness of the information supplied. It further indicates that I understand that the University may contact any of the persons referred to above for the purpose of obtaining additional pertinent information and that I further understand that any false information provided in the foregoing statements will disqualify me from being considered a resident of Tennessee.

Date ____/____/____ Signature of applicant _____

Additional information for consideration:

FOR OFFICIAL USE ONLY

Approved **Denied** **Completed PT/FT**

Reasons for making the change:

Change becomes effective with the _____ term.

Authorized by

Signature _____ Date _____

