

Request for Residence Status Change

EASTERN MICHIGAN UNIVERSITY

LAST NAME _____ FIRST NAME _____ M.I. _____ STUDENT NUMBER _____

CURRENT LOCAL ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ LENGTH: YEARS/MONTHS _____

PREVIOUS LOCAL ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ LENGTH: YEARS/MONTHS _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ LENGTH: YEARS/MONTHS _____

PHONE NUMBER _____ BIRTHDATE _____ AGE _____ Semester Requesting Approval: FA WI SP SU _____ YEAR _____

1. How long did you live in Michigan prior to your first enrollment? _____ YEARS _____ MONTHS

2. Are you a financial aid recipient? _____

3. What colleges or secondary schools have you attended (attach separate sheet if needed)?

NAME _____ CITY _____ STATE _____ DATES ATTENDED _____

NAME _____ CITY _____ STATE _____ DATES ATTENDED _____

4. Residence of parents: _____ ADDRESS _____ CITY _____ STATE _____

5. Are you a registered Michigan voter? YES NO If yes, from what date? _____

6. Do you pay Michigan tax? Income Personal Property Other (please list): _____

7. Have you been employed in Michigan (attach separate sheet if needed)? YES NO

EMPLOYER _____ CITY _____ STATE _____ DATES EMPLOYED _____

EMPLOYER _____ CITY _____ STATE _____ DATES EMPLOYED _____

8. Marital Status: Single Married If married, spouse's name? _____

9. Do you own real estate in Michigan? YES NO If yes, describe. _____

10. Source of Driver's License: _____ STATE _____ EXPIRATION DATE _____ Vehicle License: _____ STATE _____ YEAR _____

11. Are you self-supporting or dependent on others? _____ Explain. _____

12. Type of Visa (if from a foreign country): _____

EMAIL ADDRESS (FOR ALL CORRESPONDENCE) _____ STUDENT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY					
APPROVED	DENIED				
		Authorized Signature _____	Date _____		
Approved for:	SP	SU	WI	FA	_____
				Year	
		Banner:	<input type="checkbox"/>	Financial Aid:	<input type="checkbox"/> Yes <input type="checkbox"/> No