



■ University of Illinois System

PETITION FOR DETERMINATION OF RESIDENCY STATUS

ame: _	Last				Un	iversity ID:		
	Last	First		M.I.				
Campus:	○Urbana-Champaign	○ Chicago ○ Spi	ingfield	Effective Term:	Ye	ear 🔾 Fall 🔾 Sp	ring \bigcirc Summe	r
Petitioni	ng as:	Opendent of s	spouse	Opendent of par	ents/le	gal guardians		
	Deadlines for submission: Spring term - February 1, Summer term - June 1, Fall term - September 1							
STUI	DENT INFORMAT	ION						
1.	Current Address:							
	Street City/State/Zip Phone: E-mail:							
	Phone:			E-mail:				
2.	Date of Birth:							
3.	Are you a U.S. Citizen?YesNo If no, are you a Permanent Resident?YesNo (If yes, make sure to provide a copy of front and back of permanent resident alien card along with your other documents)							
	If you are not a U.S. Citizen/PR, do you hold a Visa?YesNo If yes, indicate your Visa type:(If yes, provide a copy of visa)							
4.	Are you, your parents/legal guardians, or spouse actively serving in one of the Armed Forces of the U.S.?No If yes, please contact the Admissions/Registrar's Office before completing the petition.							
5.	Did you attend high school in Illinois:YesNo If yes, what year(s) were you enrolled in an Illinois high school:YesNo Did you graduate from an Illinois high school:YesNo							
6.	Student status: New Classification: Undergraduate Continuing Graduate Returning Professional							
7.	Driver's license/identifica	tion card:		State			Data issued	
8.	Do you own a vehicle?Yes In what state is it registered? No							
9.	In what state are you registered to vote?							
10.	In what state did you file your last state income tax return?							
11.	List your places of residence for the last 3 years. Use a separate page if necessary.							
		Addres	s			From	То	
12.	List any/all institutions of	any/all institutions of higher education attended in the past two years:						
	Institution	n	City/State			Dates Attended		
						From	То	

	C' (C)	Dates En	nployed
Employer	City/State	From	То
I SE INFORMATION (required if s	tudent's request is based on spouse domicile)		
Are you married?Yes*No	*Date of marriage:		
Spouse's full name:			
Is your spouse an Illinois resident?	YesNo Is spouse enrolled/en	nployed at U of Illin	ois?Yes
Spouse's Occupation	Hours/week How lor	ng have they been em	ployed at this job?
Spouse's Employer Name		Ad	ddress
ENT/LEGAL GUARDIAN INF	FORMATION (required if student's reques	t is based on parent/s	guardian domicile)
5			
Father's legal name and address			
Mother's legal name and address			
Legal guardian's name and address, if a	pplicable		
	ces of residence for the last 3 years. Use a s	enarate nage if nec	eccary
			-
A	ddress	From	То
			<u> </u>
Are they U.S. Citizens?YesNo			
	(If yes, make sure to provide a copy of front a along with your other documents.)	nd back of permanent	resident alien card(s
	,		
If they are not a U.S. Citizen/PR, do they	y hold a Visa?YesNo If ye	s, indicate Visa type	s:
(If yes, provide a copy of visa)			
If one or more of your parents reside outside	le of Illinois, where do they reside?		
Was one of your parents transferred from I	llinois out of the country by an employer?	Ves No	
In what state did they file their last state inc	come tax return?		

If you have been employed in the past twelve (12) months, provide the information requested below:

13.

STATEMENT OF EXPLANATION

- 21. On a separate page, briefly indicate the reasons that have led you to seek establishment of Illinois residency and the actions you plan to maintain that residency.
- **22.** Redact all SSNs that appear on documents
- 23. For a list of the required and preferred documentation: https://www.uaps.uillinois.edu/student_programs/residency_information

By signing this Petition for Determination of Residency, I hereby authorize the University of Illinois to confirm and verify any information provided in the Petition and any other information pertaining to my determination of residency. I further authorize the University of Illinois to discuss or disclose information in the Petition or other information pertaining to my determination of residency to present and/or previous employer(s), present and/or previous landlord(s), present or previous educational institution(s), and other third parties identified in the Petition for purposes of confirming and verifying information. By providing such authorization, I release the University of Illinois, its trustees, faculty, staff, employees, and agents, from any and all liability, claims, demands, causes of action, or financial obligations, including attorney's fees, in connection with any and all information released to or by the University of Illinois and regarding any residency decisions made about me on the basis of such information.

I acknowledge that any petitioner who, for purposes of fraud or misrepresentation, falsifies, forges, or alters in any manner any official University document or representation thereof may be subject to denial of admission or to discipline. I further acknowledge that any petitioner who knowingly withholds information or gives false information in any document or materials submitted to the University of Illinois may be subject to discipline.

I certify that that the information in this Petition is true and correct to the best of my knowledge, and that I consider myself to be a resident of the State of Illinois.

Date

University of Illinois Urbana-Champaign

Office of the Registrar 901 West Illinois Street, Suite 140 (MC-063) Urbana, IL 61801-3028

Upload documents: mylllini/Profile

Contact by Email

Petitioner's signature

University of Illinois Chicago

Office of the Registrar 1200 West Harrison Street, Suite 1200 (MC-018) Chicago, IL 60607 Contact by Email

University of Illinois Springfield

Office of Admissions University of Illinois at Springfield One University Plaza, MS UHB 1080 Springfield, IL 62703-5407

Upload documents: go.uis.edu/status

Contact by Email

For Office of the Admissions/Registrar Use Only					
	Nonresident Conditional Resident				
Notes:					
Date:	Signature of University Official:				