



UNIVERSITY OF ILLINOIS SYSTEM

PETITION FOR DETERMINATION OF RESIDENCY STATUS

Name: _____ University ID: _____
Last First M.I.

Campus: Urbana-Champaign Chicago Springfield Effective Term: _____ Year Fall Spring Summer

Petitioning as: Independent Dependent of spouse Dependent of parents/legal guardians

Deadlines for submission: Spring term - February 1, Summer term - June 1, Fall term - September 1

STUDENT INFORMATION

1. Current Address: _____
Street City/State/Zip

Phone: _____ E-mail: _____

2. Date of Birth: _____

3. Are you a U.S. Citizen? ___Yes ___No If no, are you a Permanent Resident? ___Yes ___No
(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? ___Yes ___No 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.? ___Yes ___No
If yes, please contact the Admissions/Registrar's Office before completing the petition.

5. Did you attend high school in Illinois: ___Yes ___No
If yes, what year(s) were you enrolled in an Illinois high school: _____
Did you graduate from an Illinois high school: ___Yes ___No

6. Student status: New Continuing Returning
Classification: Undergraduate Graduate Professional

7. Driver's license/identification card: _____
State Date 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.

Address	From	To

12. List any/all institutions of higher education attended in the past two years:

Institution	City/State	Dates Attended	
		From	To

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

Employer	City/State	Dates Employed	
		From	To

SPOUSE INFORMATION (required if student's request is based on spouse domicile)

14. Are you married? Yes* No *Date of marriage: _____

Spouse's full name: _____

Is your spouse an Illinois resident? Yes No Enrolled/employed at University of Illinois? Yes No

Spouse's Occupation _____ Hours/week _____ How long have they been employed at this job? _____

Spouse's Employer Name _____ Address _____

PARENT/LEGAL GUARDIAN INFORMATION (required if student's request is based on parent/guardian domicile)

15. _____
Father's legal name and address

Mother's legal name and address

Legal guardian's name and address, if applicable

16. Are they U.S. Citizens? Yes No If no, are they Permanent Residents? Yes No
(If yes, make sure to provide a copy of front and back of permanent resident alien card(s) along with your other documents.)

If they are not a U.S. Citizen/PR, do they hold a Visa? Yes No If yes, indicate Visa types: _____
(If yes, provide a copy of visa)

17. If one or more of your parents reside outside of Illinois, where do they reside? _____

18. Was one of your parents transferred from Illinois out of the country by an employer? Yes No

19. In what state did they file their last state income tax return? _____

STATEMENT OF EXPLANATION

20. 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.

21. For a list of the required and preferred documentation, see the link here: [Supporting Documentation List](#)

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 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.

Petitioner's signature

Date

University of Illinois Urbana-Champaign

Office of the Registrar
901 West Illinois Street, Suite 140 (MC-063)
Urbana, IL 61801-3028
registration@illinois.edu
Upload documents: myillini.illinois.edu

University of Illinois Chicago

Office of the Registrar
1200 West Harrison Street, Suite 1200 (MC-018)
Chicago, IL 60607
uicresidency@uic.edu

University of Illinois Springfield

Office of Admissions
University of Illinois at Springfield
One University Plaza, MS UHB 1080
Springfield, IL 62703-5407
admissions@uis.edu
Upload documents: go.uis.edu/status

For Office of the Admissions/Registrar Use Only

Resident Nonresident Conditional Resident

Notes: _____

Date: _____ Signature of University Official: _____

