

Planned Leave Residency Affidavit

Indicate the term you are returning to CSU: Term _____ Year _____

Part I – Personal Information

A – Student Information

Student Name _____ CSUID _____

Mailing Address _____

Daytime Phone Number _____ E-mail Address _____

Age _____ Date of Birth _____ Marital Status S M Date of Marriage _____

If under age 23, please attach a copy of your marriage certificate.

Graduated from a Colorado high school Yes No

If Yes, list high school and years you attended _____

Citizenship:

U.S. Citizen

U.S. Permanent Resident: Resident Alien No.

A _____ Date Issued _____

Non U.S. Citizen: Country of citizenship _____ Length of Time in U.S. _____

On a Visa: Visa Type _____ Date Issued _____ Exp date _____

(attach copy of both sides of your US Permanent Resident card, VISA, Form I-485 or other evidence indicating date the U.S. Citizenship and Immigration Services accepted your application for adjustment status)

B – Parent Information

Only if student is under age 23 and is not married.

Petitioner's Name

Petitioner's Mailing Address

Daytime Phone Number

Relationship to Student

E-mail Address

(If guardian please attached copy of Court Appointed Legal Guardian documents)

Part II – Physical Presence and Legal Ties to Colorado of Honorably Discharged U.S. Veteran

Detailed information about Colorado residency requirement can be viewed at <http://sfs.colostate.edu/residency/> .

Are you claiming Colorado residency for in-state tuition classification?

No: state and zip code of residence: _____

Yes: zip code of residence: _____

If yes, you MUST answer each question below completely and accurately, even if you have previously been classified as a Colorado resident. Check "NA" if not applicable. Incomplete information could result in classification as an out-of-state student for tuition purposes.

	PARENT or LEGAL GUARDIAN*	NA	STUDENT	NA
Dates of continuous physical presence in Colorado (mo/yr)	____/____ to ____/____	<input type="checkbox"/>	____/____ to ____/____	<input type="checkbox"/>
Dates of extended absences from Colorado (mo/yr) (extended absence = 30 days or more)	____/____ to ____/____	<input type="checkbox"/>	____/____ to ____/____	<input type="checkbox"/>
Dates of employment in Colorado (mo/yr)	____/____ to ____/____	<input type="checkbox"/>	____/____ to ____/____	<input type="checkbox"/>
List last two years Colorado income taxes have been filed	____, _____	<input type="checkbox"/>	____, _____	<input type="checkbox"/>
Current driver's license number (Please provide a copy)	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
	Date issued _____	<input type="checkbox"/>	Date issued _____	<input type="checkbox"/>
Vehicle license plate number	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
List last two years of Colorado motor vehicle registration	_____, _____	<input type="checkbox"/>	_____, _____	<input type="checkbox"/>
Date of Colorado voter registration (mo/yr)	____/____	<input type="checkbox"/>	____/____	<input type="checkbox"/>
Date of purchase or lease of Colorado residential property (mo/yr)	____/____	<input type="checkbox"/>	____/____	<input type="checkbox"/>
Dates of military service (mo/yr)	____/____ to ____/____	<input type="checkbox"/>	____/____ to ____/____	<input type="checkbox"/>
Dates of attendance in Colorado high school(s) (mo/yr)	____/____ to ____/____	<input type="checkbox"/>	____/____ to ____/____	<input type="checkbox"/>

Personal Statement - Please include a statement describing your residency in Colorado demonstrating that you or your parent has created a true, fixed, and permanent home in Colorado.

Part III – Student Certification

I understand and agree to the following conditions:

- This form must be completed and submitted to Student Financial Services prior to your registration HOLD being removed.
- Return completed forms and supporting documents:
 - Scan and send to Student Financial Services secure document upload at: sfs.colostate.edu, select "contact us" and "secure document upload."
 - Fax to: 970-491-5010 (enlarge copy of drivers license or state IDs when faxing)
 - Mail or deliver petition to: Student Financial Services
Division of Enrollment and Access
Centennial Hall
Colorado State University
Campus Delivery 1065
Fort Collins, Colorado 80523-1065
- Even if you had resident based tuition, in the past, you will be reviewed for residency and you may be classified as a non-resident when you return to CSU.

Student Signature

Date

Parent Signature (if parent information was provided)

Date