



University of Colorado **Denver**

Residency Amendment Form

Please email to Tuition Classification at tuitclass@ucdenver.edu

Student Name_____ Student ID Number_____

Address_____

City_____ State_____ Zip Code_____

Email Address Used to Apply _____

Are you a Veteran, Active-Duty member of the US Armed Forces, or a Dependent of a Veteran
using transferred GI or Fry Scholarship benefits? Yes_____ No_____

IF YES: Residency for military students is determined by the Veterans and Military Student
Services office, not through this form. Please do not complete this form. Instead, email
vmss@ucdenver.edu to be considered for military connected
residency: <https://www.ucdenver.edu/veterans/benefits#Residency>

Birth Date_____ Are you a citizen of the United States? Yes_____ No_____

If No, are you a permanent resident of the United States? Yes_____ No_____

If Yes, please attach a copy (both front and back) of student's Permanent Resident Card.

*If No, please attach a copy of your current visa, or an explanation of your current immigration
status. Further documentation may be required.

Student Status:

Undergraduate____

Undergraduate Non-Degree____

Graduate____

Graduate Non-Degree____

In what Calendar year will you begin classes at UC Denver?_____

Indicate the term you will begin classes at UC Denver: Fall_____ Spring_____ Summer_____

Will you be 23 years or older or a graduate student by the start date of your first enrolling term?
Yes_____ No_____

If No, skip to section 2

Section 1: Student Residency Information

(Graduate students and students over 23 years of age)

Student Residency Information:

When did student first begin living in Colorado? Month_____ Day_____ Year_____

Has the student left Colorado for any reason (a length of 1 year or more) since that time?
Yes___ No___

*If Yes, when did the student's extended absence begin? Month_____ Day_____ Year_____

*If Yes, when did the student's extended absence end? Month_____ Day_____ Year_____

*If Yes, please explain:

Student Employment History:

Most Recent Employment Start Date (MM/DD/YYYY): _____

Most Recent Employment End Date (blank if presently employed; MM/DD/YYYY): _____

Most Recent Employer/Company Name_____

Most Recent Employer/Company City, State_____

2nd Most Recent Employment Start Date (MM/DD/YYYY): _____

2nd Most Recent Employment End Date (MM/DD/YYYY): _____

2nd Most Recent Employer/Company Name_____

2nd Most Recent Employer/Company City, State_____

3rd Most Recent Employment Start Date (MM/DD/YYYY): _____

3rd Most Recent Employment End Date (MM/DD/YYYY): _____

3rd Most Recent Employer/Company Name_____

3rd Most Recent Employer/Company City, State_____

Student DMV Information:

Do you own a motor vehicle? Yes_____ No_____

List the state and dates of vehicle registration during the past two years:

State_____ Dates_____

State_____ Dates_____

Do you have a current driver's license or state identification card? Yes_____ No_____

In what state was your driver's license/identification card issued?_____

When was your driver's license/identification card was issued (MM/DD/YYYY)? _____

Student Tax Information:

Years Colorado income tax returns filed:

List EXACT YEARS you filed in another state:

Student Voter Information:

Are you registered to vote? Yes_____ No_____

In what state are you registered to vote?_____

Date of most recent registration: Month_____ Day_____ Year_____

*If you completed Section 1, skip Section 2 and complete the signature at the bottom of the form.

Section 2 – Parent/Legal Guardian Residency Information:

When did parent/guardian first begin living in Colorado (MM/DD/YYYY)? _____

Has parent/guardian left Colorado for any reason (a length of 1 year or more) since that time?

Yes____ No____

*If Yes, when did parent/guardian's extended absence begin? (MM/DD/YYYY)? _____

*If Yes, when did parent/guardian's extended absence end? (MM/DD/YYYY)? _____

*If Yes, please explain:

Parent/Legal Guardian Employment History:

Most Recent Employment Start Date (MM/DD/YYYY): _____

Most Recent Employment End Date (blank if presently employed; MM/DD/YYYY): _____

Most Recent Employer/Company Name_____

Most Recent Employer/Company City, State_____

2nd Most Recent Employment Start Date (MM/DD/YYYY): _____

2nd Most Recent Employment End Date (MM/DD/YYYY): _____

2nd Most Recent Employer/Company Name_____

2nd Most Recent Employer/Company City, State_____

3rd Most Recent Employment Start Date (MM/DD/YYYY): _____

3rd Most Recent Employment End Date (MM/DD/YYYY): _____

3rd Most Recent Employer/Company Name_____

3rd Most Recent Employer/Company City, State _____

Parent/Legal Guardian DMV Information:

Do you drive a motor vehicle? Yes _____ No _____

List the state and dates of vehicle registration during the past two years:

State _____ Dates _____

State _____ Dates _____

Do you have a current driver's license or state identification card? Yes _____ No _____

In what state was your driver's license/identification card issued? _____

What is the date your driver's license/identification card was issued (MM/DD/YYYY)?

Parent/Legal Guardian Tax Information:

Years Colorado income tax returns filed: _____

List EXACT YEARS you filed in another state:

Parent/Legal Guardian Voter Information:

Are you registered to vote? Yes _____ No _____

In what state are you registered to vote? _____

Date of most recent registration (MM/DD/YYYY): _____

Acknowledgement and Signature

Any false information included in this amendment form may subject you to criminal charges and University disciplinary proceedings, and out-of-state tuition may be retroactively assessed. I hereby swear or affirm that the answers given in this amendment

are accurate and complete. If my circumstances change, affecting the tuition status requested by this amendment, I agree to notify the tuition classification officer in writing within 15 days after such change. I understand it is my obligation to have in my possession a copy of this amendment form, as reproductions will not be provided by the University at any future date.

Student Printed

Name: _____

Student Signature: _____

Date: _____

If completed Section 2, additional signature(s) needed

Parent/Legal Guardian Printed

Name: _____

Parent/Legal Guardian Signature: _____

Date: _____