## EASTERN ILLINOIS UNIVERSITY RESIDENCY CLASSIFICATION APPEAL FORM

University policy requires <u>documented</u> establishment of residency four months prior to the term for which you are requesting Illinois tuition and fee rates. The information we have suggests you may not be a bona fide resident for tuition and fee purposes. Therefore, you have been classified as a "nonresident" at this time.

If you wish to appeal this classification you must complete this form and return it along with <u>documentation</u> that allows us to determine if and when you established Illinois residency. This documentation is normally a copy of a voter's registration application form, driver's license, or marriage license (plus spouse's driver's license), etc. Additional information regarding residency may be found in the University Catalog.

NAME		E#
(Last/First/M TERM FOR WHICH	(lid/Maiden)	DENT STATUS
		D IN ILLINOIS? Years Months
If less than one year,	give the date when you moved into	the state
MA	LING ADDRESS	PERMANENT ADDRESS
Street		
City		
State/Zip		
PHONE	E-MAIL _	
BIRTHDATE	_/AGEF	BIRTHPLACE
ARE YOU CLAIME	D BY ANYONE AS A DEPENDEN	NT FOR TAX PURPOSES?YesNo
If yes, what is your re	elationship to this person?	What is their name and address?
Na	ame/Address/City/State/Zip	
EVIDENCE BEING	SUBMITTED FOR CONSIDERAT	TION (Please circle)
Voter's Registration A	Application - IL Driver's License - N	Military Papers - IL Tax Return
Marriage License - O	ther (Please list)	
Use the other side of	f this page for additional informa	tion you think is important.
Date	 Signature	

Return Signed Form and Supporting Documents to:
Office of The Registrar
Old Main, Room 1220
600 Lincoln
Charleston, Illinois 61920-3099

