## NATIONAL PARK COMMUNITY COLLEGE

Application for Reclassification of Residency Status

1.	NameAgeSS#								
2.	Permanent home address								
	Zipcode								
3.	Specify year and term in which the reclassification would first take effect:  Year 20 Spring SummerI SummerII Fall								
4.	Date of BirthPlace of birth								
5.	If foreign born, have you been naturalized?YesNoNo								
	Have you declared an intent to become a U.S. citizen? Yes No								
6.	When did you come (or last return) to Arkansas?								
	From where?								
7.	Please supply the following information:								
	a. Father's name								
	His address								
	b. Mother's name								
	Her address								
8.	Your marital status: Single Married Separated Divorced								
	If married, spouse's name								
	Marriage DatePlace of marriage								
The application must be supported with copies of appropriate documentary evidence and submitted to the Office of the Registrar PRIOR TO THE BEGINNING OF THE SEMESTER in which re-classification is requested.									
Exa	amples of documentary evidence of residency status include:								
B. C. D.	Driver's license  Automobile registration  Voter's registration  State income tax return  Lease/Rental Agreements  F. Assessment of personal property  G. Assessment of real property  H. Establishment of bank account  (letter from bank)  I. Utility bills								

ALL TUITION AND FEE CHARGES ARE DUE ON THE PUBLISHED DATES AND NO WAIVERS WILL BE GIVEN PENDING AN EVALUATION OF RESIDENCY STATUS.

## Applicant's Statement (Required of all applicants.)

Make	a bri (a) (b)	ef statement stating: Your purpose in coming or last returning to Arkansas. A chronology of dates, events, activities, employment, and places of living for the past six months. Facts that, in your opinion, tend to establish your true, fixed and permanent residence, including the date it became such, and						
		the facts	concerning	your a	ectual p	lace of 1	iving during	the first
		SIX MORCH	o nere.					
			<del></del>		<del></del>	<del> </del>		
	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>	<del></del>		<del></del>
					·	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del></del>
					· · · · · · · · · · · · · · · · · · ·			
								<u>.</u>
	·*····································					·		
								<del></del>
	· · · · · · · · · · · · · · · · · · ·	·····	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		<del></del>	
			<del></del>		<del></del>	<del></del>		
	<del></del>							
						·		
	<del></del>				<del></del>			<del></del>
	<del></del>			<del></del>				
		- (attack	ndditions	1 aboot			<del></del>	<del></del>
_			additiona					
is co	omplet	e and accu	lication I rate.	hereby	affirm	that all	information	provided
Signa	ature	of Student					Date	
		ldress						
	-				:	— local r	phone	
****						·		
ACT	ON:	ACCEPT F	REJECT				<del></del>	<del></del>

Registrar

DATE: \_\_\_