

Residency Status Review Form

Complete this form to have your residency status reconsidered. You may submit it via email to askres@pdx.edu or in person to the Registrar's Office (located in FMH first floor lobby). For more information, visit [our website \(pdx.edu/registration/residency\)](http://pdx.edu/registration/residency)

First Name
Last Name
PSU ID#

Email Address
Start Term
Start Year

Section A:

Did a parent or guardian provide at least half of your financial support within the past 12 months? Yes No
Did a parent or guardian claim you as a dependent for the prior tax year? Yes No

If you answered YES to either question 1 or 2, complete Sections B through F.
If you answered NO to both question 1 and 2, complete Sections C through F.

Section B: Financially Dependent

1. Has your parent or guardian lived in Oregon for the past 12 consecutive months? Yes No

1a. When did your parent or guardian move to Oregon?
(MM/YYYY):

1b. List the name, city, and state of your parent or guardian's current employer (Employer, City, State or "NA" if not applicable):

1c. List the last two years that your parent or guardian filed tax returns and designate the state in which they filed (YYYY-State, YYYY-State or "NA" if not applicable):

2a. Did your parent or guardian enter military service from Oregon? Yes No

2b. Is your parent or guardian on active duty stationed in Oregon? Yes No

2c. If you answered yes to either of the two questions above, provide your parent or guardian's dates of military service (MM/YYYY - MM/YYYY or "present"):

Section C: Financially Independent

1. Have you lived in Oregon for the past 12 consecutive months? Yes No

1a. When did you move to Oregon? If you have lived outside of Oregon in the past, provide the most recent date of your return (MM/YYYY):

1b. List the name, city, and state of your current employer (Employer, City, State or "NA" if not applicable):

1c. List the last two years that you filed tax returns and designate the state in which you filed (YYYY-State, YYYY-State or "NA" if not applicable):

2a. Did you or your spouse enter military service from Oregon? Yes No

2b. Are you or your spouse on active duty stationed in Oregon? Yes No

2c. If you answered yes to either of the two questions above, provide you or your spouse's dates of military service (MM/YYYY - MM/YYYY or "present"):

Section D: Tribal Enrollment

Enrolled citizens of a federally recognized Native American tribe with ties to Oregon can qualify for resident tuition. If you are an enrolled member, include the tribe in which you are enrolled and attach documentation of tribal enrollment.

Section E: Other Relevant Circumstances

If you wish to share any other relevant circumstances related to residency that may affect your classification, provide a brief statement on the next page.

Section F: Signature

By signing this form, I, the applicant named above, confirm that all information provided is true and complete.

Section E: Other Relevant Circumstances Statement