CERTIFICATE OF RESIDENT STATUS

In order to establish eligibility for resident status for purposes of admission to a college or school on the campus of the University of Arkansas for Medical Sciences, all questions appearing on this form must be answered. We wish to help establish resident status rather than withhold it. In order to do so, however, we need complete and accurate information on certain points. Birth and prior residence in the State on the part of the applicant and/or parents does not, in itself, establish the resident status. Of critical importance is the current status of the applicant. Your application for admission cannot be processed until your resident status is determined. In answering the questions, please be advised that withholding or falsifying the answers will disqualify the applicant either prior to or subsequent to admission on this campus. Please check the college/school to which you are applying.

 Graduate  ☐ Health Related Professions  ☐ Medicine  ☐ Nursing  ☐ Pharmacy  ☐ Public Health

Have you previously applied for Residency Status?  ☐ Yes  ☐ No  If so, what year __________

Are you presently a student and/or have been accepted for admission at UAMS?  ☐ Yes  ☐ No

APPLICANT

1. Name: _________________________________________________________________________
   Last     First     Initial

2. Permanent Address: __________________________________________________________________
   Street and Number
   ____________________________________________________________
   City     County     State     Zip Code     Phone
   a. AR Federal Congressional District: ________________________________________________

3. Present Address: __________________________________________________________________
   Street and Number
   ____________________________________________________________
   City     County     State     Zip Code     Phone
   a. Since what date: ______________________________________________________________
   b. Date you moved to Arkansas: ________________________________________________

4. If #2 and #3 are different, give reason: ______________________________________________

5. Male ____ Female ____ Date of Birth ____________ City and State of Birth ________________

6. U. S. Citizen (circle one)  Yes  ☐ No

7. If No is circled, give visa status: ________________________________________________

8. Married _______ Single _______
9. List below (inverse chronological order) all colleges and universities attended.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Dates attended</th>
<th>Address –City, State</th>
<th>credit hours earned</th>
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10. High School attended and graduation date:

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<tr>
<th>Name of School</th>
<th>date</th>
<th>City / State</th>
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</table>

11. List below employment history.

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<th>Employer</th>
<th>Location</th>
<th>Dates</th>
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12. Are you self-supporting? □ No □ In Part □ Entirely

13. Are you claimed as a dependent by □ spouse or □ parents for State and/or Federal income tax purposes? □ Yes □ No

14. Do you claim residence in another state (other than Arkansas) for any purpose? □ Yes □ No

15. If the answer to #14 is “Yes” name the state ________ and check purpose of the claim:
   Application to other colleges _____ Voting purposes _____ AMCAS ________ (this applies to medicine applicants only) Other ________ (explain on page 4).

16. Do you own an automobile? □ Yes □ No
   a. If the answer to #16 is “Yes” name the state of registration: ____________________________

17. Do you have a current Arkansas driver’s license? □ Yes □ No

18. If you are employed, are you paying Arkansas income taxes? □ Yes □ No

19. If you are a student in a non-Arkansas state-supported institution of higher learning, are you currently paying non-resident tuition rates? □ Yes □ No

20. Are you receiving or do you plan in the future to receive any financial assistance from any state (other than Arkansas) while a UAMS student? □ Yes □ No
PARENTS:

21. □ Married    □ Divorced    □ Separated    □ Single    □ Deceased

Father                        Mother

22. Name _______________________________ Maiden Name _______________________________
    Present Address _________________________ Present Address _________________________
    City/State _____________________________ City/State _____________________________

23. Are your parents currently residents of Arkansas? □ Yes    □ No
    If so, how long have they been Arkansas residents? ____________________________________

24. If in military service, which state is claimed as permanent residence? ________________________

SIGNATURE: In appending my signature I affirm that the information given is complete and accurate.

Signature _________________________________ Date ______________

NOTE: This form should be submitted at your earliest convenience in order to receive consideration for the next academic year to:

University of Arkansas for Medical Sciences
Attn: Vice Chancellor for Academic Affairs
4301 West Markham Street, Slot 541
Little Rock, Arkansas 72205-7199

(Please use Page 4 for additional information in support of your claim for residency.) Yr. 2011