

First name: _____ Last name: _____

25. Residency status for tuition purposes:

STUDENT INFORMATION

If you are younger than age of 24, you must complete the parent information at right.

How long have you lived in Oregon?

From _____ / _____ to _____ / _____
Month Year Month Year

Original issue date of Oregon Driver's License: _____ / _____
Month Year

Date of Oregon voter registration: _____ / _____
Month Year

Did you enter military service from Oregon? Yes No

Dates of military service, if applicable: from _____ to _____
Year Year

List last two years Oregon income taxes have been filed:

_____ , _____

Oregon employment information:

Student's employer (1) _____

City _____ State _____

From _____ / _____ to _____ / _____
Month Year Month Year

Student's employer (2) _____

City _____ State _____

From _____ / _____ to _____ / _____
Month Year Month Year

PARENT INFORMATION

Please check one of the following:

Mother Father Guardian

How long has your parent/guardian lived in Oregon?

From _____ / _____ to _____ / _____
Month Year Month Year

Original issue date of Oregon Driver's License: _____ / _____
Month Year

Date of Oregon voter registration: _____ / _____
Month Year

Did they enter military service from Oregon? Yes No

Dates of military service, if applicable: from _____ to _____
Year Year

List last two years Oregon income taxes have been filed:

_____ , _____

Oregon employment information:

Parent's employer (1) _____

City _____ State _____

From _____ / _____ to _____ / _____
Month Year Month Year

Parent's employer (2) _____

City _____ State _____

From _____ / _____ to _____ / _____
Month Year Month Year

26. Certification: Must be read and signed by all students to certify the accuracy of the information provided.

I certify that I have provided complete and accurate responses to the items on this application. To the best of my knowledge, I further certify that all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize release of any information submitted by me in connection with this application to any person, firm, corporation, association or government agency, but only to verify or explain the information.

I also authorize WOU to use my SSN for tracking and statistical purposes as outlined in the Social Security Number Disclosure Consent Statement on page three of this document.

Applicant's signature _____

Date _____