

NATIONAL PARK COMMUNITY COLLEGE
Application for Reclassification of Residency Status

1. Name _____ Age _____ SS# _____
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 Birth _____ Place of birth _____
5. If foreign born, have you been naturalized?.....Yes _____ No _____
If not a citizen, what type visa do you hold? _____
When did you obtain this visa? _____
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 Date _____ Place 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.

Examples of documentary evidence of residency status include:

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|----------------------------|--|
| A. Driver's license | F. Assessment of personal property |
| B. Automobile registration | G. Assessment of real property |
| C. Voter's registration | H. Establishment of bank account
(letter from bank) |
| D. State income tax return | I. Utility bills |
| E. Lease/Rental Agreements | |

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

