

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
LITTLE ROCK, ARKANSAS

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.

Name of School	Dates attended	Address –City, State	credit hours earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. High School attended and graduation date:

Name of School	date	City / State
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11. List below employment history.

Employer	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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? _____

a. Present Employer _____ b. Present Employer _____

Address _____ Address _____

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**

