

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
LITTLE ROCK, ARKANSAS

**APPLICATION FOR CHANGE IN RESIDENT STATUS**

In order to establish eligibility for status as an Arkansas (in-state) resident at the University of Arkansas for Medical Sciences, **all questions appearing on this application must be answered.** Birth and prior residence in the State on the part of the applicant and/or parents does not, in itself, establish resident status. Of critical importance is the current status of the applicant. Applicants should be advised that withholding or falsifying answers will result in one or more of the following (1) disqualification as an applicant to a degree program; (2) disqualification for consideration to become classified an Arkansas resident; or (3) for continuing students, a disciplinary action up to and including dismissal from the University.

Please check the college/school to which you are applying.

College:  Graduate School  Health Professions  Medicine  Nursing  Pharmacy  Public Health

Program: \_\_\_\_\_

What is your current status:  Applicant  Accepted/admitted to program  Current student

Have you previously applied for Residency Status?  No  Yes

If Yes, what year \_\_\_\_\_ Under what name: \_\_\_\_\_

**APPLICANT INFORMATION**

1. Name: \_\_\_\_\_  
Last First Initial
2. Last 4 of Social Security Number: \_\_\_\_\_ UAMS student ID# \_\_\_\_\_ (if applicable)
3. Current Legal Address: \_\_\_\_\_  
Street and Number  
\_\_\_\_\_  
County State Zip Code
4. Type of residence:  Home/condo-Own  Home/condo-Rent  Apartment  University Hall / dorm
5. Date moved to this address: \_\_\_\_\_
6. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile/Other \_\_\_\_\_
7. AR Congressional District:  First  Second  Third  Fourth  Not applicable
8. Present Address: \_\_\_\_\_  
(if different than #3) Street and Number City  
\_\_\_\_\_  
City County State Zip Code Phone
- a. Date moved to this address: \_\_\_\_\_ Own or rent:  Own  Rent
- b. Date you moved to Arkansas: \_\_\_\_\_ Own or rent:  Own  Rent  
(if different than above)
9. If #a and #b are different, give reason: \_\_\_\_\_

10. Male \_\_\_\_ Female \_\_\_\_ Date of Birth \_\_\_\_\_ City and State of Birth \_\_\_\_\_

11. Are you a U. S. Citizen?  Yes  No

12. If Not a U.S. Citizen, provide current visa status: \_\_\_\_\_

13. Married \_\_\_\_\_ Single \_\_\_\_\_

14. List below all colleges and universities attended, beginning with the most recent

Name of School	Dates attended (m/y)	Address –City, State	credit hours earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. High School attended and graduation date:

Name of School	Date	City / State
_____	_____	_____

16. List your below employment history, beginning with the most recent:

Employer	Location (City and State)	Dates (m/y)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Start date at current job: \_\_\_\_\_

What are your total gross Arkansas salary/wages for the past twelve months? \$ \_\_\_\_\_

18. Do you own an automobile?  Yes  No

a. If the answer to #16 is “Yes” name the state of registration: \_\_\_\_\_

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

List any additional current driver’s licenses issued from other states: \_\_\_\_\_

20. Are you self-supporting?  No  In Part  Entirely

21. Are you claimed as a dependent by spouse or parents/guardian for Federal income tax purposes?

- Parents
- Spouse
- Not a dependent

22. If in military service, which state is claimed as permanent residence? \_\_\_\_\_

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

24. 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:**

25.  Married  Divorced  Separated  Single  Deceased

**Father**

**Mother**

26. Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Present Address \_\_\_\_\_ Present Address \_\_\_\_\_

City/State \_\_\_\_\_ City/State \_\_\_\_\_

27. a. Are your parents currently residents of Arkansas?  Yes  No

b. If so, how long have they been Arkansas residents? \_\_\_\_\_ years

28. Parents Employment

Mother Present Employer \_\_\_\_\_ Father Present Employer \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

29. Do you intend to remain a resident of the state after graduation?  Yes  No

**SIGNATURE:** *By providing my signature I affirm that the information given is complete and accurate.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUBMISSION:** This form should be submitted to the the Admissions Office in your home college.

***Please use Page 4 to provide your statement on intent to remain in the state, and to provide any additional information and explanation to support your application.***



## Attachments and Documentation

Attach the following all of the following documentation to confirm that you have met the standard - in the form of photocopies clearly showing the relevant date.

Incomplete applications will be returned and not considered.

1. Standard: Physically resided in Arkansas for at least twelve consecutive months in the permanent home (a bona fide domicile) and was not a student at any Arkansas higher education institution during those twelve months.  
Documentation required: Housing agreement (deed, lease, etc.) with applicant's name listed. A dormitory room in a campus residence hall or a PO Box does not qualify as a bona fide domicile.
2. Standard: Maintains a permanent connection to the state and has an expectation of remaining in the state beyond graduation.  
Documentation required: A written statement the assertion of a permanent connection, e.g., family, social or professional ties, job opportunities, and post-graduation plans (see question 30); proof of Arkansas voter registration; an Arkansas driver's license (if applicable) and Arkansas vehicle registration (if applicable).
3. Standard: Earned a minimum of \$4000 gross taxable income in the state during the twelve consecutive months prior to application.  
Documentation required: Pay stubs or other verification of Arkansas wages or salary earned.

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## Notarization

State of Arkansas  
County of \_\_\_\_\_

Subscribed and sworn to me, a Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ My commission expires: \_\_\_\_\_  
(Signature of Notary Public)

## Circuit Clerk Filing

Sworn and subscribed to before me, \_\_\_\_\_, Circuit clerk in and for  
the County of \_\_, State of Arkansas, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Circuit Clerk)