Non-Louisiana Residency Reclassification Application

Applications for reclassification from nonresident to resident must be filed with the Office of the Registrar at least 21 calendar days before registration to allow changes to be reflected on registration material. If this deadline is not met, applicants will be required to pay the non-resident fee and wait for a refund if the application is approved. Applications must be filed no more than 21 calendar days following the first day of the term in which reclassification is sought.

Student ID:	School: ☐ Dentistry ☐ Graduate Studies ☐ Health Professions ☐ Medicine ☐ Nursing ☐ Public Health		
Year applying: 20_____	Semester applying: ☐ Fall ☐ Spring ☐ Summer		
Have you applied to LSU Health Sciences Center in Shreveport? ☐ Yes ☐ No			
First Name:	MI:	Last Name:	
Address:	City:	State:	Zip:
Date of Birth: Place of Birth (city, state, country):			
Are you married? ☐ Yes ☐ No Date of marriage: _____ Spouse's name. _____ Spouse's occupation:_____ Spouse's residence (city & state): _____			
Are you a US Citizen? ☒ Yes ☐ No	If not, what type of visa do you have?		
Visa #:	When was your visa issued?		
Are you U.S. Armed Forces Active-Duty Personnel? ☐ Yes ☐ No If yes, proceed to Page 4. Active Duty personnel are required to submit their military orders.			

Have you lived in the State of Louisiana continuously for at least one full year (365 days) immediately preceding the first day of class of the semester you entered above? ☐ Yes ☐ No

If yes, proceed to Section 1. If not, proceed to Section 4.

Section 1

Enter your street address, city, state, and zip code:	
When did you move to the address listed above? Enter the month and year.	
Daytime phone #: Evening phone #:	
Louisiana Driver's License #:	Date Louisiana Driver's License First Issued:

Louisiana Vehicle Registration #:
Date Registration Issued:

Are you registered to vote in Louisiana? ☐ Yes ☐ No If yes, enter the information below.

Ward: _____ Precinct: _____ Parish: _____

List all your addresses for the past five years starting with your current address. Account for all time periods of four weeks or longer.

Street Address:	City:	State:	Dates: ex: Jan 2024 – Nov 2025

Have you been enrolled in any Louisiana college, university, or other postsecondary education institution at any time or for any amount of time within the past 365 days? ☐ Yes ☐ No

If not, proceed to Section 2. If yes, proceed to Section 4.

Section 2

List all schools you have attended from high school to your current school. List your current school first.

School:	City:	State:	Dates: ex: Jan 2024 – Nov 2025

Have you abandoned all prior domiciles and claim your current address as your sole and permanent home? For the purposes of this policy, the LSU Board of Supervisors has defined “domicile” as an individual’s true, fixed, and permanent home and place of habituation at which the individual remains when not called elsewhere for labor, studies, or other special or temporary purposes, and the place to which the individual returns after an absence. ☐ Yes ☐ No

If yes, proceed to Section 3. If not, proceed to Section 4.

Section 3

List all firms or persons by whom you have been employed during the past five years, starting with your most recent employer.

Employer:	City:	State:	FT or PT	Dates: ex: Jan 2024 – Nov 2025

In the past two years have you been claimed as a dependent on any person's Federal Income Tax Return, State Income Tax Return, or both? ☐ Yes ☐ No If yes, complete the following:

Tax Year: _____ Person claiming you as a dependent: _____

Relationship: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Have you filed Federal or State Income Tax in the past two years? ☐ Yes ☐ No If yes, complete the following:

Tax Year: _____ State where filed: _____ Address on Tax Form: _____

Do you own property in Louisiana? ☐ Yes ☐ No If yes, list the location below.

_____

Do you receive financial support? ☐ Yes ☐ No

Section 4

Please select ONE of the following that applies to you:

☐ I am married to a Louisiana resident.
☐ I am the unmarried dependent of a Louisiana resident.
☐ I am the spouse or unmarried dependent of a full-time LSU university employee.
☐ I am a U.S. Armed Forces Veteran or Active-Duty personnel.
☐ I am a permanent resident immigrant or a legal immigrant granted indefinite stay by the U.S. Citizenship and Immigration Services, **and** I meet the Louisiana residency requirements in accordance with PM-31.
☐ I am legally present in the United States with a current visa classification of E, G, H, I, K, L, NATO, N, O, P, R, S, T, TN, U, TPS, or V, **and** I meet the Louisiana residency requirements in accordance with PM-31.
☐ None of these applies to me.

In the space below, explain why you believe you should be classified as a Louisiana resident for tuition purposes.

You may submit copies of the following items to accompany this application for residence reclassification. Submission of these documents does not guarantee approval.	
Check all items that you have attached.	
☐ Louisiana Driver's License ☐ Louisiana Vehicle Registration ☐ Louisiana Voter Registration ☐ Louisiana Homestead Exemption ☐ Military Orders	☐ Louisiana Marriage Certificate ☐ Alien Registration Card (front & back) ☐ Louisiana & Federal Tax Return (conceal amounts) ☐ Other _____

By signing this form, I hereby certify that the information given in this application and all attachments thereto are true, correct, and complete to the best of my knowledge. I authorize the Louisiana State University System to verify all facts relevant to my claim. I understand that incomplete forms and forms that do not meet the deadline will not be considered. I understand that failure to comply with the appeal procedures and deadlines will constitute a waiver of all claims for reclassification for the applicable term or terms.

Signature of Applicant:_____ Date:_____

Office Use Only				
Application Decision:	Approved	Denied	Processed by:	Date:
Appeal Decision:	Approved	Denied	Processed by:	Date: