



**Important Note for All Students:** To be eligible for New York State resident tuition rates, you must prove that you have been a New York State resident and that you are either a U.S. citizen or permanent resident or that you possess an eligible non-immigrant status. The information requested will be used to determine if you qualify for the New York State resident rate. **A failure to answer these questions will require you to complete the City University Residency Form.**

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Immigration Status:
Country of Birth _____	<input type="checkbox"/> U.S. Permanent Resident _____ Alien Registration (I-551) card #
Country Of Citizenship _____	<input type="checkbox"/> Other _____ Specify type of visa

\*Proof of immigrant or naturalized citizenship status must be shown in the Graduate Admissions Office when submitting this application. **Copies of official documents are not accepted.**

Where were you and each of your parents born? Check one in each column?	You	Mother	Father
Born in the United States, excluding Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born in Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born outside of the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Country you most identify with: \_\_\_\_\_

Is a language other than English spoken at home?  Yes  No

Which language are you most comfortable with? \_\_\_\_\_

Have you been a New York State resident for the past 12 months?  Yes  No

If yes, please give the month and year New York State residency began \_\_\_\_\_

Did you file a New York City/State resident income tax return during the past twelve months?  Yes  No

Did you file a federal income tax return during the past twelve months?  Yes  No

List below all your addresses *during the past five years*, starting from your *current* address and working backwards: (Attach a separate sheet of paper if necessary).

FROM:	TO:	COMPLETE ADDRESS:
_____/_____/_____ Month Year Month Year	_____/_____/_____ Month Year Month Year	_____ _____ City State Zip Code
_____/_____/_____ Month Year Month Year	_____/_____/_____ Month Year Month Year	_____ _____ City State Zip Code

I certify that the information I have given on this application is accurate and complete and will be treated confidentially for institutional purposes only. **I understand that the application fee is non-refundable.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_