

Colorado Residency Application



Students who may be classified as Colorado state residents are encouraged to complete this form. The University of Denver receives state funds based on students' residency. Please answer the following questions carefully. Type information directly onto this date it, and return the completed form to the Office of the Registrar, University Hall, Room G55, 2197 South University Blvd., 80208. The form may be faxed to 303.871.4300 . You may also save information in the formsand@du.edu . Your typed name will constitute a signature for emailed forms. . Incomplete forms will not be processed.

Section I – Student Personal Information			
Name:		DU ID #:	
Date of Birth:	Age:		
Did you graduate from a Colorado School?		If yes, date of graduation:	
Name of Colorado HS:			
Dates attended HS (month/year)		From	To
Are you a U.S. Citizen:			
Complete the following if you are not a U.S. Citizen			
Country of Citizenship:		Do you have a U.S. Visa?	
Visa Type:	Visa Number:	Expiration Date:	

Section II – Residency Information		
If you are 22 or older, complete the section for YOU. If you are under the age of 22, complete section for PARENT or		
	PARENT or GUARDIAN	YOU