MTSU UNDERGRADUATE APPLICATION
for In-state Classification

Deadlines: Fall, August 1 • Spring, December 1 • Summer, May 1

Directions

• If you are a new student, you must apply for admission prior to submitting this application.
• Do not submit this application until all required documentation is obtained. Please submit prior to the deadline for the appropriate semester.
• Please read the accompanying frequently-asked-questions document, and all of the questions carefully before completing the application. Space is provided on the last page for you to elaborate further on your reasons for seeking in-state classification for fee-paying purposes. The more complete an explanation you provide, the more efficiently a decision will be rendered. PLEASE PRINT LEGIBLY.
• Simply completing this application may not be sufficient to allow in-state fee payment—documentation is crucial. The burden of proof of all conditions pertaining to in-state classification is placed upon the student and/or student’s parent or guardian, including the responsibility for providing any documents as proof. MTSU will not print or request documentation on the student’s behalf.
• Return the completed application to the MT One Stop, Student Services and Admissions Center 210, Middle Tennessee State University, Murfreesboro, TN 37132. All non-U.S. citizens should submit this form to the International Admissions Office.
• After your completed application and documentation are received, the information will be reviewed within the context of the MTSU Board of Trustees regulations for in-state classification. Once a decision has been made, you will receive an email (usually within 7–10 business days) notifying you of your classification for fee payment.
• Priority date for in-state classification applications: Fall, August 1; Spring, December 1; Summer, May 1. Due to the high volume of activity immediately before and during registration, we cannot guarantee that applications received or completed after the priority date will be processed before the fee-payment deadline. Late applications will be processed in a first-come, first-served manner. If this application is submitted after the last day of registration, the application will be considered for the next term. Please answer all questions thoroughly. Incomplete information will result in delayed processing times.

In-state application for

☐ Fall 20____  ☐ Spring 20_____  ☐ Summer 20____

NOTE: If student has been admitted to the University, all correspondence regarding in-state classification will be sent to student’s official MTSU email address.

A. GENERAL INFORMATION

1. MTSU ID #________________________________________

2. Full legal name ________________________________________________________________________________
   Last First Middle Maiden Surname

3. Email address ______________________________________ Phone number (___) __________________________
   Area code

4. Do you have a driver’s license?  ☐ Yes  ☐ No  If No, please explain ________________________________
   (Documentation: photocopy of license; Tennessee ID card is not acceptable. An out-of-state driver’s license is not acceptable)

5. MTSU email address ____________________________ Phone number (___) __________________________
   Area code

6. Do you now attend or have you previously been enrolled at Middle Tennessee State University?  ☐ Yes  ☐ No
   If Yes, give dates: from ________ to ________
   Have you attended another Tennessee institution?  ☐ Yes  ☐ No
   If Yes, give name of institution(s) and dates attended ________________________________
   Were you granted in-state classification?  ☐ Yes  ☐ No
   If NO, do you ☐ Rent ☐ Other ________________________________
7. **Current** physical address

<table>
<thead>
<tr>
<th>Street/Number</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

a. Length of time at this address: ______ Years ______ Months

b. Do you own the residence in which you currently reside?  
   - Yes  
   - No

   If **Yes**, the date of purchase _____________________________________________________________________________________

c. If you have resided at the above address less than one year, provide your previous address:

<table>
<thead>
<tr>
<th>Street/Number</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Length of time at this address: ______ Years ______ Months

- Own  
- Rent  
- Other ____________________________

8. **Permanent** Tennessee address

<table>
<thead>
<tr>
<th>Street/Number</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

a. Length of time at this address: ______ Years ______ Months

b. Own  
Rent  
Other ____________________________

c. Name and relationship (if any) of owner if other than yourself

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**B. CITIZENSHIP**

9. Are you a citizen of the U.S.?  
   - Yes  
   - No

   If **No**, permanent resident  
   - or visa type __________________________________

   (Documentation: photocopy of the proof of visa)

10. Have you resided in Tennessee continuously since birth?  
    - Yes  
    - No

11. Date and place of birth

<table>
<thead>
<tr>
<th>Date</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Country</th>
</tr>
</thead>
</table>

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**C. PARENT INFORMATION**

12. Did either parent or guardian claim you as a dependent on his/her most recent income tax return?  
    - Yes  
    - No

   If **Yes**, his/her name ___________________________ What year? ___________________________

   (Documentation: photocopy of address and dependent sections of tax form)

13. Father’s name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

14. Father’s address

<table>
<thead>
<tr>
<th>Street/Number</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

15. Mother’s name

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

16. Mother’s address

   (If different than father’s)

<table>
<thead>
<tr>
<th>Street/Number</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

17. Do you have a legally appointed guardian in Tennessee or will a Tennessee resident claim you as a dependent?  
    - Yes  
    - No

   If **Yes**, guardian’s name ___________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

   Guardian’s address

<table>
<thead>
<tr>
<th>Street/Number</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

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**D. EMPLOYMENT**

18. Are you presently employed in the state of Tennessee?  
    - Yes  
    - No

   a. If **Yes**,  
      - part-time  
      - full-time

   b. Total number of hours worked each week ________________

   Employer’s name ________________________________________ Phone no. ____________________

   (Area code)
Employer’s location (city and state) _______________________________________________________ Starting date ____/____/______

(Documentation: original copy of letter from employer(s) on official stationery which verifies the above information)

If you have been employed at your current job less than one year, please provide the same information about your previous employer.

MTSU will not contact your employer to verify employment. Documenting employment is the burden of the student.

F. MARITAL INFORMATION

19. Marital Status  □ Married  □ Single

20. Spouse’s name ________________________________________________________________

   Last  First  Middle

(Documentation: photocopy of marriage certificate)

21. Has your spouse lived in Tennessee continuously since birth?  □ Yes  □ No

   If No, when did spouse establish his/her most recent residence in Tennessee?  Month _____ Year _____

22. For what reason did spouse come to Tennessee to establish most recent domicile?

   __________________________________________________________________________________

   __________________________________________________________________________________

   __________________________________________________________________________________

23. Is your spouse employed full-time?  □ Yes  □ No

   If Yes, how long has he/she been in present position? _______ Years _______ Months

24. Name and address of spouse’s employer _____________________________________________

   Employer Name City State

If your spouse has been employed at his or her current job less than one year, please provide the same information about his or her previous employer.

25. Is spouse a citizen of the U.S.?  □ Yes  □ No  If No, spouse is a permanent resident □ or visa type _________________________

F. EXPLANATION OF REQUEST TO PAY IN-STATE FEES

Please select the scenario that is most applicable.

□ I am a dependent of a Tennessee resident.

□ I have lived in Tennessee for at least one year and have not attended any college/university during this time.

□ I am a Tennessee homeowner.

□ I am married to a Tennessee resident.

□ I have worked in Tennessee full-time for at least 8 months and have not enrolled at any college/university.

□ I was transferred to Tennessee by my employer to continue full-time employment at their Tennessee office/location.

□ Other: Please state when and why you moved to Tennessee _____________________________________________

   __________________________________________________________________________________

This application will not be processed unless dated and signed.

My signature below is to certify to the correctness and completeness of the information supplied. It further indicates that I understand that the University may contact any of the persons referred to above for the purpose of obtaining additional pertinent information and that I further understand that any false information provided in the foregoing statements will disqualify me from being considered a resident of Tennessee and that I may be required to withdraw from the University.

Date ____/____/______  Signature of applicant ____________________________________________
FOR OFFICIAL USE ONLY

☐ Approved  ☐ Denied  ☐ Completed PT/FT

Reasons for making the change:

_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________

Change becomes effective with the _______________ term.

Authorized by

Signature ___________________________________________ Date ________________________________