

Residency Worksheet: WIMU Regional Program in Veterinary Medicine



Admissions Office
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Instructions: Each applicant must submit this form along with a copy of their driver's license, voter registration, and vehicle registration as proof of Utah domicile. Please note, if we are unable to determine your residency from this worksheet, you may be required to complete a Residency Application and submit additional documentation. This includes, but is not limited to taxes, academic transcripts and/or verification of employment. Residency certification must be completed by **September 1, 2022**.

Please Print Clearly

Full Student Name: _____

Student A# (if known): _____ Date of Birth (mm/dd/yyyy): _____

Present Address: _____

Permanent Address: _____

Email Address: _____ Primary Phone Number: (_____) _____ - _____

Citizenship: U.S. Citizen Permanent Resident Other, if yes Visa type: _____

Are you a resident of Utah? Yes No

If yes, please list most recent dates you have continuously been in Utah: _____

Driver's License State: (provide copy) _____ Driver's License #: _____

In what State are you registered to vote? (provide copy) _____

If you have a vehicle for your use, in what State is your vehicle registered? (provide copy) _____ License Plate #: _____

Do either of your parents reside in Utah? Yes No

If yes, how long have they resided in Utah? _____

In what State(s) did you file taxes in the prior calendar year? _____

Did anyone claim you as a dependent for tax purposes? Yes No

If yes, what is their state of residency? _____

Have you ever participated in WUE, WICHE, Alumni Legacy, or "Good Neighbor" programs? Yes No

If yes, state program and dates of participation: _____

What have you been doing (e.g. employment, school, military, etc.) and where have you been for the past three years?

| From (month/year) To (month/year) | Employer, School, or Activity | City and State |
|-----------------------------------|-------------------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Applicant Signature:

"I certify that all information submitted on this application is complete and true to the best of my knowledge. Knowingly falsifying or withholding information may result in loss of credit, revocation of admission, or dismissal from Utah State University."

Student Signature: _____ Date: _____

For Office Use Only:

Documentation Submitted? Yes No Approved: _____ Denied: _____ Date: _____