

BEMIDJI STATE UNIVERSITY
Records & Registration
Deputy Hall, Room 101, #12
1500 Birchmont Dr.
Bemidji, MN 56601
218/755-2020 Fax: 218/755-4409
records@bemidjistate.edu

Residence Classification Request

Residency requests should be submitted to the Records Office at least 10 days prior to the effective term.
NOTE: ONLY students from Wisconsin, North Dakota, and South Dakota requesting Minnesota residence should complete this form.

Name: _____ **SSN/BSU ID:** _____

Birth Date: _____ Married: Yes No
(Month/Day/Year)

Local Address From: _____
(Month/Year)

Next of Kin Address
Relationship: Parent Legal Guardian Spouse

Street 1: _____

Street 1: _____

Street 2: _____

Street 2: _____

City: _____ State: _____

City: _____ State: _____

Zip Code: _____ Telephone Number: _____

Zip Code: _____ Telephone Number: _____

Places and dates of most recent permanent residence:

Street 1: _____

Street 1: _____

Street 2: _____

Street 2: _____

City: _____ State: _____

City: _____ State: _____

Zip Code: _____ From- To: _____
(Month/Year)

Zip Code: _____ From- To: _____
(Month/Year)

Street 1: _____

Street 1: _____

Street 2: _____

Street 2: _____

City: _____ State: _____

City: _____ State: _____

Zip Code: _____ From- To: _____
(Month/Year)

Zip Code: _____ From- To: _____
(Month/Year)

Basis for residence classification: insert paragraph number from the Minnesota State University Board regulations for resident student classification (following this form) that is applicable for your situation: _____

I HEREBY CERTIFY that all information provided in support of this request is correct to the best of my knowledge. I further understand that I will be liable for any unpaid tuition resulting from classification as a Minnesota resident by means of false statements or material concealment of facts. Misinformation may be cause for dismissal from the University.

Applicant's Signature: _____ **Date:** _____

Subscribed and sworn to me this _____ day of _____ in the year _____.

Notary Public: _____

For office use ONLY: Approved Denied Effective Date: _____ Signature: _____