

Records Office

Deputy Hall, Room 101, #12
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: _____ <small>(Mo./Day/Yr.)</small>	Married: Yes	No	
Local Address From: _____ <small>(Mo./Yr.)</small>	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 2: _____
City: _____ State: _____
Zip Code: _____ From - To: _____ <small>(Mo./Yr.)</small>

Street 1: _____
Street 2: _____
City: _____ State: _____
Zip Code: _____ From - To: _____ <small>(Mo./Yr.)</small>

Street 1: _____
Street 2: _____
City: _____ State: _____
Zip Code: _____ From - To: _____ <small>(Mo./Yr.)</small>

Street 1: _____
Street 2: _____
City: _____ State: _____
Zip Code: _____ From - To: _____ <small>(Mo./Yr.)</small>

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: _____	