



University of Arkansas for Medical Sciences College of Medicine

Arkansas Resident Status for Initial Classification Form

This document, when completed and submitted to the College of Medicine Office of Medical Student Admissions, will provide information necessary for making residency determinations of applicants in accordance with the UA Board of Trustees policy 520.8. For an applicant who indicates that his/her legal state of residence is **Arkansas** on the AMCAS application, **all questions appearing on this form must be answered**. Birth and/or prior residence in the State on the part of the applicant and/or parents do not, in itself, establish Arkansas resident status. Of critical importance is the current status of the applicant. The relevant time period is the six month period prior to the time of application. An Arkansas resident who leaves the state solely to attend an out-of-state school retains residency in Arkansas, since residing in a state solely to pursue an education does not establish residency. Similarly, an applicant residing in Arkansas for the sole purpose of pursuing an education at a school of higher education in Arkansas cannot use the time enrolled as a student to establish Arkansas residency. Your application for admission cannot be processed until your resident status is determined. Please be forewarned that withholding or falsifying any answers may disqualify you either prior to or subsequent to admission to the College of Medicine.

Name: _____ **AMCAS ID #:** _____
Last First Middle

Permanent Address: _____
Street and Number (P.O. Box is **not** acceptable)

City County State Zip Code

Present Address: _____
Street and Number (P.O. Box is **not** acceptable)

City County State Zip Code

Since what date? From: _____ To: _____

How many years (or months if less than one year) have you lived in Arkansas? _____ Years _____ Months

If the addresses listed for permanent and present are different, please provide the reason in the space below:

High School Attended and Graduation Date:

Name of School City / State Year Graduated

List any employment (list in chronological order beginning with most recent)

<u>Employer</u>	<u>Location</u> (City, State)	<u>Dates Employed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

As further evidence that the applicant has established a home of permanent nature in Arkansas as manifested by Good Faith Acts, please respond to the following:

If employed, have you ever filed an Arkansas state tax return? Yes _____ No _____

Do you have a current Arkansas driver's license? Yes _____ No _____
If yes, County of issue _____

If you own a vehicle, is the automobile registered in Arkansas? Yes _____ No _____ NA _____

Where are you registered to vote? _____
(or N/A if not registered) State _____ County _____ Registration Number _____

Parents: Married _____ Divorced _____ Separated _____ Single _____ Deceased _____

Father:

Mother:

Name

Name

Present Address

Present Address

City / State / Zip code

City / State / Zip code

Are your parents currently residents of Arkansas? (yes/no) Father _____ Mother _____

If yes, for how long (years/months)? Father: _____ Mother: _____

Are you self-supporting? No _____ In Part _____ Entirely _____

Are you claimed as a dependent for state and/or federal income tax purposes by:

Parent(s): Yes _____ No _____ **Spouse:** Yes _____ No _____ NA _____ **Other:** Yes _____ No _____

Do you claim residence in another state for any purpose? _____
Yes No If Yes, what State?

Please use this section to provide any additional or clarifying comments:

By signing this form, I attest that all information is true and accurate and I am responsible for notifying the University of Arkansas for Medical Sciences, College of Medicine, Office of Medical Student Admissions of any changes which might affect residency status. I understand that any applicant who knowingly gives erroneous information or fails to present corrected or updated information may be subject to dismissal from the College of Medicine's application process or its medical school programs.

Applicant Name (your typed name will be your signature)

Date