Application for Indiana Reciprocity

Please return completed form
With copy of Driver's License to:

Registrar's Office
University of Louisville
Louisville, KY 40292
FAX: 502.852.7088

The University of Louisville reserves the right to further investigate and require documentation of eligibility for tuition reciprocity.

Name_____
First MI Last

Student ID#_____ or SS#_____

Address_____
Street

_____
City State Zip

Email address_____ Phone_____

I am a resident of the following Indiana County:

___ Clark ___ Crawford ___ Floyd ___ Harrison ___Scott ___ Washington

Program eligibility: All Graduate and Undergraduate Degree and Non-degree programs are eligible. Students pursuing degrees from the Professional Schools (Law, Medical, and Dental) are not eligible.

School within the University: Major:

_____ _____

I certify that I am a permanent resident of Indiana, in an eligible county, and I am enrolled in an eligible program for Tuition Reciprocity. I will notify the Admissions Office prior to my first enrollment and the Registrar's Office after my first enrollment of any changes in my enrollment status. Ex: If I am no longer living in one of the eligible counties, or no longer in an eligible program.

_____ _____
Signature Date

REV. 01/03

Reset