**Personal Data**

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Date of Birth (m/dd/yyyy): | Click or tap to enter a date. |
| Place of Birth (Country): | Click or tap here to enter text. |
| Citizenship:  | Click or tap here to enter text. |
| Visa Type(if applicable): | Click or tap here to enter text. |
| Visa Number:  | Click or tap here to enter text. |
| Date of Issuance (m/dd/yyyy): | Click or tap to enter a date. |
| Financially Independent (Type YES or NO):  | Click or tap here to enter text. |
| State Parents Reside in:  | Click or tap here to enter text. |

**Residence History**

List each permanent residence, starting with your place of birth.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| City/Town | County | State | Years in Residence | Approximate population at time of residence |
| From (MMM--yy) | To(MMM-yy) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
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| City/Town | County | State | Years in Residence | Approximate population at time of residence |
| From (MMM--yy) | To(MMM-yy) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |

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| --- | --- |
| Of what state do you consider yourself a resident? | Click or tap here to enter text. |

**Residency Determination Guidelines**

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| --- |
| All admission applications are reviewed with regard to the residency status filed with AMCAS. Unless the review reveals information that brings into question the designated residency status, we will consider applicants based on their stated residency status. Applicants will be notified by mail of questions regarding their residency status. Applicants must resolve issues regarding residency status prior to Admissions Committee deliberations. Aside from cases where an applicant can legally claim dual residency, the Committee will only consider applicants based on their stated residency status. Failure to notify the Admissions Office of residency claims contrary to those stated on the application can result in withdrawal of an admission decision. The Commonwealth provides substantial biennial appropriations to make the cost of education more affordable for residents and to ensure that an adequate number of positions are available to Kentucky residents. In an effort to attract a diverse group of students, the University of Louisville School of Medicine offers additional unsubsidized positions to nonresidents. There is no specific funding available to support these positions. Nonresidents are only considered for unsubsidized positions. Persons offered unsubsidized slots will be required as a condition of their acceptance to sign an agreement that they will pay tuition at the unsubsidized rate throughout their matriculation. |
| **THE APPLICANT HAS READ THE RESIDENCY DETERMINATION GUIDELINES ABOVE (Type YES or NO):** Click or tap here to enter text. |

**Kentucky Resident Only**

|  |  |
| --- | --- |
| Present Address:  | Click or tap here to enter text. |
| From (mm/yy): | Click or tap to enter a date. |
| To (mm/yy): | Click or tap to enter a date. |
| Home Phone Number: | Click or tap here to enter text. |
| County of Residence:  | Click or tap here to enter text. |
| In what state(s) did you file taxes for the past 3 years? | Click or tap here to enter text. |

Any person receiving educational benefits under Title 38 of the U.S. Code is entitled to resident status for purposes of tuition. Currently, those programs include the following:

• Post-9/11 GI Bill

• Montgomery GI Bill

• Veterans Educational Assistance Program

• Survivors and Dependents Educational Assistance Program

• National Testing Program

• National Call to Service Program

• Vocational Rehabilitation

Please indicate if you are receiving Title 38 educational benefits (**Type YES or NO**):Click or tap here to enter text.

**Employment**

|  |  |
| --- | --- |
| Are you in the military? (Type YES or NO) | Click or tap here to enter text. |
| Are you currently employed? (Type YES or NO) | Click or tap here to enter text. |
| Name of Employer:  | Click or tap here to enter text. |
| Hours per week:  | Click or tap here to enter text. |
| At current employer since (m/dd/yy): | Click or tap to enter a date. |
| Employer Address: | Click or tap here to enter text. |
| Employer Phone Number:  | Click or tap here to enter text. |

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** Click or tap to enter a date.