

**REQUEST FOR TENNESSEE RESIDENCY CERTIFICATION  
BY THE TENNESSEE HIGHER EDUCATION COMMISSION**

---

Please complete this application and mail it to: **Mrs. Barbara Tharpe, Director, Office of Student Financial Aid, Meharry Medical College, Dr. Henry Moses Building, 1005 Dr. D. B. Todd Boulevard, Nashville, TN 37208**

---

Institution: **Meharry Medical College**

Academic Program: **Southern Regional Education Board (SREB )**

Degree: **Doctor of Dental Surgery** \_\_\_\_\_  
**Doctor of Medicine** \_\_\_\_\_

Term of Initial Entry Into Program: \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring

Year of Initial Entry Into Program: \_\_\_\_\_

---

Name: (Please print)

---

Last Name	First Name	Middle Name
-----------	------------	-------------

Current Address: (Please print)

---

Number and Street

---

City	State	Zip Code
------	-------	----------

Current Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

---

Area Code and Number

Driver's License:

---

State	Driver's License Number
-------	-------------------------

**☞ Please attach a photocopy of both sides of your driver's license to this application. ☜**

---

**Domicile:**

"Domicile" shall mean a person's true, fixed, and permanent home and place of habitation; it is the place where he/she intends to remain, and to which he or she expects to return when he/she leaves without intending to establish a new domicile elsewhere.

Have you resided in Tennessee continuously since birth? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what was the most recent date that you began to reside continuously in Tennessee to the present date?

\_\_\_\_\_

Month and Day	Year
---------------	------

Address at time you began you most recent domicile:

---

Street & Number	City, State, Zip
-----------------	------------------

If you have not lived continuously in Tennessee since birth, why did you move to Tennessee?

---

Did you move to Tennessee in anticipation of attending school here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is Tennessee your current domicile? \_\_\_\_\_ Yes \_\_\_\_\_ No

---

**Education:****High Schools Attended:**

Name of School	City and State	Dates Attended

**Colleges/Universities Attended:**

Name of Institution	City and State	Dates Attended

---

**Past 12 Months History:**

During the past twelve months prior to the date of this application, list your place(s) of residence and primary activity (e.g. school attended, place of work, etc.). If more space is needed, attach a separate sheet of paper to this application.

Month	Residence	Major Activity

Have you ever been classified as an in-state resident by a state-supported higher educational institution in Tennessee?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please give details.

---

**CITIZENSHIP:**

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If NO, what is your status in this country (e.g. type of visa)?

Are you registered to vote? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If YES, in what state are you registered to vote? \_\_\_\_\_

☛ Attach photocopy of voter registration card. ☛

Have you filed state or federal income tax form for the previous year? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, what address was given as residence?

☛ Attach photocopy of address section of tax form. ☛

**FINANCIAL SUPPORT:**

Are you presently employed?  Yes  No If YES, give employer's address.

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of employment by above employer? \_\_\_\_\_

No. hours worked per week for employer? \_\_\_\_\_

List other sources from which you received more than approximately 10% of your financial support or income during the past twelve months.

\_\_\_\_\_

**MARITAL STATUS:**

If married, has spouse been domiciled in Tennessee continuously since birth?

Yes  No If NO, when did spouse begin his/her most recent domicile in TN? \_\_\_\_\_

For what reason did spouse come to Tennessee to establish the most recent domicile?

\_\_\_\_\_

Is spouse employed full-time in TN?  Yes  No

How long has spouse been in present position? \_\_\_\_\_

**PARENTAL INFORMATION: (Complete this section only if one or both parents claim you as a dependent on Federal Tax Return.)**

Father's Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

If your parent(s) or guardian is not presently domiciled in Tennessee, has he/she previously been domiciled in Tennessee?  Yes  No  
If YES, give previous address.

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of previous domicile: \_\_\_\_\_

Did either parent or guardian claim you as a dependent on his/her most recent income tax return?  Yes  No

**OTHER INFORMATION:**

Are you currently in active military service?  Yes  No  
If YES, from what state did you enter the military service?

\_\_\_\_\_

Do you own an automobile?  Yes  No  
If YES, in what state is your automobile registered?

\_\_\_\_\_

☞ Attach photocopy of automobile registration. ☛

Do you own the dwelling in which you live? Yes  No   
If YES, date of purchase? \_\_\_\_\_

Have you been classified for tuition or fee purposes as an in-state resident of any other state?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If YES, please give details.  
\_\_\_\_\_

Provide any further information which you wish to offer in support of your application on a separate sheet of paper.

---

**APPLICANT SIGNATURE:**

I hereby certify that the above information is true and complete.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Note to applicants regarding benefits under the terms of the Contract: Inaccurate representations can be cause for withdrawal of benefits and other penalties.  
Please do not write below this line.

---

Residence Determination: \_\_\_\_\_ Tennessee Resident \_\_\_\_\_ Non-Resident

Certification Officer: \_\_\_\_\_  
Name Date