

WEBER STATE UNIVERSITY
APPLICATION FOR AMERICAN INDIAN RESIDENT CLASSIFICATION
Utah System of Higher Education

Today's Date _____ Semester for which application is submitted _____
Applications accepted only until end of 3rd week of this semester.

ALLOW TWO WEEKS FOR ACTION ON YOUR APPLICATION. DECISIONS ARE REPORTED BY LETTER.

This application will not be processed until you are admitted to Weber State University.

Full Name _____
LAST FIRST MIDDLE

Social Security No. _____ STUDENT ID # _____

Present Address _____

City _____ State _____ Zip _____ Telephone _____

Date of birth: _____

Tribal Affiliation: _____

BIA Census #: _____

Please attach a copy of your Certificate of Blood showing verification of your tribal affiliation and BIA census number.)

ANY PERSON KNOWINGLY MAKING A FALSE OR MISLEADING STATEMENT IS GUILTY OF A CLASS B MISDEMEANOR AND PUNISHABLE PURSUANT TO UTAH CODE ANNOTATED, SECTION 76-8-504.

THIS APPLICATION must be signed before it is submitted to the Residency Office. If you are not of legal age, it also must be signed by your parent or guardian. Please answer all questions. Obvious omissions may prejudice the determination.

I/we hereby certify that I/we have read the instructions on page one, and that the statements in this application are correct to the best of my/our knowledge.

Date _____
SIGNATURE OF APPLICANT

Date _____
SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18

FOR OFFICE USE ONLY	
Initial Application	
Classified _____	Date _____
Effective _____	Semester _____
Signature _____	
Records revision date _____	
Notified _____	
DATE	INITIALS