WEBER STATE UNIVERSITY
APPLICATION FOR COURTESY MILITARY RESIDENT CLASSIFICATION
Utah System of Higher Education

Today’s Date ________________________ Semester for which application is submitted ________________________
Applications accepted only until the end of the 3rd week of this semester. Any application received after the 3rd
week will only be considered for the following 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 ____________________________ Name of military personnel ____________________________

How are you related to the military person? Self ______ Spouse ___________ Dependent __________

Date enlisted or inducted into armed services _______________ Date to be released from active duty _______________
Month/Year Month/Year

Which state is your legal residence? __________________________

Please attach documentation that verifies you are assigned to active duty in Utah. Attach a copy of the appropriate
military orders & your military id card. If you are an immediate dependent of another family member assigned to active
duty in Utah, please submit your military id card also.

ANY PERSON KNOWINGLY MAKING A FALSE STATEMENT OR MISLEADING STATEMENT IS GUILTY OF A CLASS B MISDEMEANOR AND IS 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/w have read the instructions on this page, and that the statements on 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

INITIAL APPLICATION FOR OFFICE USE ONLY

CLASSIFIED __________ DATE __________
EFFECTIVE __________ SEMESTER __________
SIGNATURE ____________________________________________
RECORDS REVISION DATE __________________________
NOTIFIED __________________________________________
DATE __________ INITIALS __________________________

Revised 5/02/2007