

LOUISIANA TECH UNIVERSITY

Undergraduate

RESIDENCY APPEALS FORM

Date _____

Name _____
Last First Middle

CWID or Social Security Number _____

Present address _____

City State Zip

Telephone Email

Permanent address _____

City State Zip

High School from which you graduated _____

Date you first registered at Louisiana Tech University _____

Date you last registered at Louisiana Tech University _____

The number on the current RESIDENCY REGULATIONS list by which you feel you qualify for IN-STATE evaluation _____

A brief statement why you feel you now qualify as a resident:

NOTE: Please attach the appropriate supporting documents to the appeals form for the residency regulation that you are appealing. You will be notified of the decision by letter.

FOR ADMISSIONS USE ONLY

Date _____

Signature _____