NEBRASKA RESIDENT CERTIFICATION FORM

PROFESSIONAL PROGRAM IN VETERINARY MEDICINE

UNIVERSITY OF NEBRASKA-LINCOLN & IOWA STATE UNIVERSITY

Full Legal Name: _____

Last First Middle Suffix

Other name(s) used: _____

Current Address: _____

Street City State Zip code

Phone Number: _____ **email:** _____

INSTRUCTIONS

1. **PROVIDE THE REQUESTED INFORMATION FOR THE ONE CATEGORY (A, B, C) WHICH APPLIES TO YOUR CIRCUMSTANCES:**

   A. If you are attending or have previously attended a University of Nebraska system campus as a Nebraska resident, answer the following questions regarding your attendance.

   ☐ UNL ☐ UNK ☐ UNMC ☐ UNO

   NUID#: _____ Last date (month/year) of attendance: _____

   B. If you have never attended a University of Nebraska system campus but you graduated from a Nebraska high school, include a copy of your high school transcript or diploma when submitting this form.

   ☐ I have attached a copy of my high school transcript.

   ☐ I have attached a copy of my high school diploma.

   C. If you have never attended a University of Nebraska system campus as a Nebraska resident and you did not graduate from a Nebraska high school, you must complete the *Application for Residency Classification for Tuition Purposes.* This application can be found at: https://admissions.unl.edu/apply/#residency-calculator. If you are not currently a Nebraska resident but plan to establish residency by June 1, 2020, submit the *Application for Residency Classification for Tuition Purposes* between March 15, 2020 and March 31, 2020.

   ☐ I have attached a completed *Application for Residency Classification for Tuition Purposes* with the appropriate documentation for my category.

   ☐ I will submit a completed *Application for Residency Classification for Tuition Purposes* with the appropriate documentation for my category between March 15, 2020 and March 31, 2020.

2. **CONFIRM ACCURACY:**

   ☐ I certify that the information provided on and in connection with this form is true, complete and accurate.

3. **SUBMIT COMPLETED FORM(S) AND SUPPORTING DOCUMENTS TO:**

   Email: **ugrad_residency@unl.edu** **OR** **Mail:** **NEBRASKA RESIDENT CERTIFICATION**
   UNDERGRADUATE OFFICE OF ADMISSIONS
   UNIVERSITY OF NEBRASKA-LINCOLN
   1410 Q STREET
   LINCOLN, NE 68588-0417

QUESTIONS: Contact the University of Nebraska-Lincoln Undergraduate Office of Admissions at 402-472-2023 or ugrad_residency@unl.edu.