

STATE OF LOUISIANA  
BOARD OF TRUSTEES

**RESIDENCY APPEALS FORM**

FOR  
LOUISIANA TECH UNIVERSITY

Date \_\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle*

Social Security Number \_\_\_\_\_

Present address \_\_\_\_\_

\_\_\_\_\_ *City State Zip*

\_\_\_\_\_ *Phone*

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.

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FOR ADMISSIONS USE ONLY

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