

Louisiana Tech University
Graduate School



RESIDENCY APPEALS FORM

Date: _____

Name: _____
Last First Middle

Other names under which documents or records may be filed: _____

Social Security Number: _____ CWID _____

Present address: _____

_____ *City State Zip*

_____ *Telephone* Email: _____

College/University from which you graduated: _____

Date degree earned: _____

Date of first registration at Louisiana Tech: _____ Date of last registration at Louisiana Tech: _____

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

Complete a brief statement why you feel you now qualify as a Louisiana resident:

Please attach the appropriate supporting documents to the appeals form for the Residency Regulation that you are appealing. An appeal will not be considered without these supporting documents. You will be notified of the decision by letter.

FOR GRADUATE SCHOOL USE ONLY

_____ Approved
_____ Rejected

Date: _____

Signature: _____