

This Application Data Form is used to determine your residency status, which subsequently determines any eligibility for Pennsylvania tuition. Failure to supply this information may result in an incorrect invoice.

University of Pittsburgh at Greensburg

Please return this form to:

Office of Admissions
150 Finoli Drive
Greensburg, PA 15601

Phone: 724-836-9880
Fax: 724-836-7471

Residency Data Form

Please print legibly

LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
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PERMANENT ADDRESS (Line 1):

PERMANENT ADDRESS (Line 2):

CITY	STATE	ZIP CODE	PA COUNTY	AREA-CODE-TELEPHONE #
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FOREIGN ADDRESS	FOREIGN TELEPHONE #
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PLEASE ANSWER ALL QUESTIONS BELOW

1. Where are you planning to reside? Please check one.

ON CAMPUS COMMUTE OFF CAMPUS

2. Are you a resident of Pennsylvania?

YES, MORE THAN ONE YEAR YES, LESS THAN ONE YEAR NO

3. Is your father/Guardian a resident of Pennsylvania?

YES, MORE THAN ONE YEAR YES, LESS THAN ONE YEAR NO

4. Is your mother/Guardian a resident of Pennsylvania?

YES, MORE THAN ONE YEAR YES, LESS THAN ONE YEAR NO

5. Give the complete address of any residence(s) you have had during the last twelve months:

ALL APPLICANTS MUST SIGN AND DATE THIS FORM

I certify that the information provided to the University of Pittsburgh at Greensburg on this Residency Data Form is true and accurate to the best of my knowledge.

DATE _____ SIGNATURE OF APPLICANT _____