

Cleveland State Community College

P.O. Box 3570, Cleveland, Tennessee 37320-3570

Application for Tennessee Classification for Fee Payment Purposes

Name _____ Maiden name _____
Last First Middle Last

Soc. Security # _____ Date of Birth _____ Place of birth _____

Explain in detail why you moved to Tennessee using back of form if additional space is needed _____

Will you be attending CSCC part-time full-time

Present address _____
Street Number City State Zip Code

Length of residence _____ Do you rent or own?

Previous address _____ Length of residence _____
City State Zip Code

Is Tennessee your permanent place of residence? yes no

Driver's license number _____ Date issued _____ State _____

Car registration number _____ Date issued _____ State _____

Voter registration number _____ Date issued _____ State _____

Are you a U.S. citizen? yes no If no, do you hold an immigrant visa? yes no

Are you married? yes no Spouse's name _____

If you are NOT an emancipated person (18 years of age or older and financially self-employed), please have your parent, legal guardian or legal custodian complete the following section.

Name _____ Address _____
Last First Street Number City State Zip Code

Employer's name and address _____

Length of employment _____ Relationship with student _____

I certify that I am the full means of support for _____ while he/she is attending CSCC.

Signed _____ Date _____

I certify that the answers given in this application are correct and complete, and that all documents attached are true and unaltered copies of the original documents.

Signed _____ Date _____