APPLICATION FOR INITIAL NEVADA RESIDENT
STATUS (Short Form)

NOTE: If you are included in one of the following categories and satisfy the criteria listed, you are not required to complete the Initial Nevada Resident Status form (longer version).

Last Name  First Name  Mi  Social Security Number or R#  Date of Birth

Address  City  State  Zip

☒ Category One: I have previously been approved as a Nevada Resident at an NSHE institution and have not established residency in another state. (Provide copy of Nevada driver’s license.)

☒ Category Two: I am a graduate of/attending a Nevada high school or community college. (Provide copy of official transcript.)

☒ Category Three: I am a professional, postdoctorate or classified employee of NSHE, employed at least half-time, or the spouse or dependent child of such an employee. (If employee, provide a copy of current contract. If spouse, provide contract and marriage certificate. If dependent child, provide parent’s contract and copy of federal income tax return indicating dependent status.)

☒ Category Four: I am a licensed educational full-time employee of a public school in the state of Nevada, or the spouse or dependent child of such an employee. (If employee, provide a current contract and licensure. If spouse, provide contract, licensure and marriage certificate. If dependent child, provide parent’s contract, licensure and copy of federal income tax return indicating dependent status.)

☒ Category Five: I am currently employed as a full-time private, elementary, secondary or post-secondary teacher at an educational institution whose curriculum meets the requirements of NRS 394.130 or the spouse or dependent child of such an employee. (If employee, provide a current contract. If spouse, provide contract and marriage certificate. If dependent child, provide parent’s contract and copy of federal income tax return indicating dependent status.)

☒ Category Six: I am a member of the Armed Forces of the United States, on active duty, stationed in Nevada as a result of a permanent change of duty station, pursuant to military orders. (Provide a copy of military orders that indicated Nevada as a permanent duty station. Members of the National Guard and other reserve forces are not eligible.)

☒ Category Seven: I am a spouse or dependent of a member of the Armed Forces of the United States, on active duty, stationed in Nevada as a result of a permanent change of duty station, pursuant to military orders. (If spouse, provide marriage certificate and a copy of military orders that indicate Nevada as a permanent duty station. If dependent, provide a copy of the federal income tax return indicating dependent status and a copy of military orders that indicate Nevada as a permanent duty station. Members of the National Guard and other reserve forces are not eligible.)

(See reverse side to complete form)
☐ **Category Eight:** I am a financially independent person who has transferred to Nevada for the primary purpose of permanent full-time employment. *(Provide a copy of employer documentation of full-time employment and transfer agreement.)*

☐ **Category Nine:** I am a financially dependent person whose spouse, parent or legal guardian has transferred to Nevada for the primary purpose of permanent full-time employment. *(If spouse, provide marriage certificate and copy of employer documentation of full-time employment and transfer agreement. If dependent child, provide copy of federal income tax return indicating dependent status, copy of employer documentation of full-time employment and transfer agreement.)*

**Applicant’s Certification:** I hereby certify that I have read and understand the Regulations for Initial Nevada Resident Status, and that under the penalties of perjury, all statements are true and correct; and I fully understand that the University of Nevada, Reno reserves the right to recover any fees which are legally authorized, due and payable, but not collected because of false information stated herein; and I fully understand that the University of Nevada, Reno may take any legal action necessary to recover any outstanding financial obligations. **Further, I understand that approval of my application for Initial Nevada Resident Status becomes effective for the next registration period.**

_________________________________________________________  __________________________________________
Applicant’s Signature  Date