## Louisiana State University in Shreveport

Office of Admissions and Records
One University Place
Shreveport, LA 71115-2399 **Phone:** (800) 229-5957 or (318) 797-5061 **Fax:** (318) 797-5286

## Military Residency Form

To be completed by student (Please Print)

Last Fi		irst		Middle	
Student ID Nu	mber or Social Security Number				
Requested for	(check semester and indicate year):	fall	spring	summer 20	0
Check one:	Currently serving on active mili Dependent of active military per		Spouse	Son/Daughter	
Military Certi	fication				
Name / Rank:	Military personnel whom temporary residen	cy classificati	on is requested		
Social Security	Number:				
The individual	named above is presently on active of	luty in Branc	ch of Armed Forces		_
assigned toNan	ne of Military Institution	located at			, Louisiana
The expected of	late of transfer out of Louisiana or se	paration is <sub>-</sub>			
who are actual for which the s	at temporary resident classification vely serving on active military duty in late tudent is applying. A copy of militation may result in my classification a	Louisiana as <b>ry orders r</b>	s of the first day nust accompany	of classes of the see this form. Failu	emester/term are to provide
Student's Signa	ature		Date		