

# Residency Reclassification

## Request Form PDF

### Applicant Information

Full Name: \_\_\_\_\_

Student ID (if applicable): \_\_\_\_\_

Current Residency Status:  Non-Resident  Resident

Requested Residency Status:  Resident

### Current Address

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Residency Qualification Criteria

- Proof of continuous physical presence in the state for at least 12 months
- Proof of financial independence (if applicable)
- Documentation supporting residency intent

### Supporting Documents (Attach copies of the following documents as applicable)

- State-Issued Driver's License or ID
- Lease or Mortgage Agreement
- Utility Bills in Applicant's Name
- Employment Records or Tax Returns
- Voter Registration

### Reason for Reclassification Request

(Explain why you are requesting a change in residency status.)

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**Declaration & Signature**

I, \_\_\_\_\_, affirm that all the information and supporting documents provided are true and accurate to the best of my knowledge.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Official Use Only**

**Reviewed by:** \_\_\_\_\_

**Decision:**  **Approved**  **Denied**

**Comments:** \_\_\_\_\_

**Administrator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_