



RESIDENCY CHANGE REQUEST FORM

(please attached required documentation)

Student Name: _____

Student ID: _____

Term You Are Requesting Change: _____

Your request for a change in residency status to Montana in-state and/or in-district must be verified. Please submit this form attached to copies of the following, applicable documents and submit to the Admissions & Registration Office by the 15th class day from the start of the semester (11th class day in summer) in which you are requesting a change in residency status.

Must include:

- Copy of Montana driver’s license or Montana identification card
- Copy of Montana state tax return
- Residency Questionnaire

Must also include one or more of the following:

- Proof of home ownership, or copy of lease demonstrating 12 months residence in the state of Montana.
- Pay stub dated 12 months or older demonstrating Montana earnings
- Utility bill in your name demonstrating 12 month continued residence in the state of Montana.

When applicable also include:

- Montana vehicle registration
- Montana voter registration: copy of your voter registration card or a letter obtained from the Voter Registration / County Election Office
- Official letter from employer indicating your purpose in moving to Montana was for a non-seasonal job

Are you receiving FINANCIAL AID? YES NO

Are you receiving VETERANS BENEFITS? YES NO

By signing this form, I certify I am the student indicated, and the information I am providing is true and accurate.

Signature of Student: _____ Date: _____

Deadlines for residency change requests:

- By the 15th class day from the start of the semester (11th class day in summer) in which you want the change in residency. Late submissions are not processed until the following semester.

Submit to:

Flathead Valley Community College
Admissions & Registration Office, LRC 129
777 Grandview Drive, Kalispell, MT 59901

Questions: admissionsinfo@fvcc.edu | (406) 756-3848

For College Use Only

Received by: _____ Date: _____ Approve Deny
Residency Committee Member

Cost type: From _____ to _____ Update Demographics: _____ Term: _____

REVISED 08/11/2022