



# RESIDENCY CHANGE REQUEST FORM

(please attach 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 15<sup>th</sup> class day from the start of the semester (11<sup>th</sup> 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 15<sup>th</sup> class day from the start of the semester (11<sup>th</sup> 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, SC 129  
777 Grandview Drive, Kalispell, MT 59901

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

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**For College Use Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
Residency Committee Member

☐ Approve ☐ Deny

Cost type: From \_\_\_\_\_ to \_\_\_\_\_

Update Demographics:

Term: \_\_\_\_\_