Flathead Valley Community College™

Residency Reclassification Form (In-District)

(please attach required documentation)

Student Name: _____   Student ID: _____

Term You Are Requesting Change: _____

Your request for a reclassification of 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 reclassification of residency status. The following must be completed, issued, or dated 12 or more consecutive months before the term for which you are submitting a reclassification.

Must include:

☐ Copy of Montana driver's license or Montana identification card

☐ Copy of Montana state tax return

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 inlcude:

Montana vehicle registration

Montana voter registration: copy of card / letter from the Voter Registration or County Election Office

Official letter from employer indicating purpose of moving to Montana was for non-seasonal, full-time employment

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: _____

Submit via email to: residency@fvcc.edu
Mail or In-person:
Flathead Valley Community College
Admissions & Registration Office, SC 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 06/10/2024