# Residency Reclassification Form (In-State)

(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

☐ 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 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

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**For College Use Only**

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

Cost type: From_____to_____     Update Demographics:          Term:_____

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