



## Application for Reclassification of Residence for Tuition Purposes

A student seeking reclassification of residency for tuition purposes is responsible for sufficiently demonstrating that he or she has met the requirements as listed in the **Residency Guidelines**. To apply for reclassification, attach this form to your personal statement and include all documentary evidence. This application must be notarized.

### Section I: Personal Information

Name \_\_\_\_\_  
Last First Middle Student 'F' Number

Date of Birth \_\_\_\_\_  
Month/Day/Year Date entered Pierpont Community & Technical College

Permanent Address

\_\_\_\_\_ Street & Number (P.O. Box) City State Zip  
Local Address

\_\_\_\_\_ Street & Number (P.O. Box) City State Zip

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

United States Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, indicate: Type and Number of Visa \_\_\_\_\_ Date of Issuance \_\_\_\_\_ Port of Entry \_\_\_\_\_

**Section II:** Please attach your **Personal Statement** that explains the reason(s) that you moved to the State of West Virginia and why you believe you should be classified as a "resident student".

**Section III:** Please answer the following questions. Attach any documentary evidence that supports your responses.

1. List the permanent address(es) of your parents or legal guardians for the past **four** years.

Name (Relationship to Applicant)	Address	Dates
_____	_____	_____
_____	_____	_____

2. List your address (es) for the past **four** years.

Address	Dates
_____	_____
_____	_____
_____	_____

3. Where do you reside while attending PCTC? \_\_\_\_\_

4. Did you live in West Virginia prior to entering PCTC Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when and for how long: \_\_\_\_\_

5. List all institutions that you have attended for the last **four** years, including high schools.

Institution	Location (State)	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. When do you consider that your West Virginia residency began? \_\_\_\_\_
  7. Do you own real property (i.e. land, home, etc.) in West Virginia? Yes \_\_\_\_\_ No \_\_\_\_\_
  8. Are you presently married? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, does your spouse meet residency requirements as outlined in the University's guidelines? Yes \_\_\_\_\_ No \_\_\_\_\_
  9. Are you currently registered to vote in West Virginia? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when did you register? \_\_\_\_\_
  10. Do you possess a valid photo identification (driver's license or non-driver ID) issued by the State of West Virginia? Yes \_\_\_\_\_ No \_\_\_\_\_
  11. Do you own a vehicle that is currently registered in West Virginia? Yes \_\_\_\_\_ No \_\_\_\_\_
  12. List the names and addresses of all of your employers for the last **four** years.
- | Employer | Address | Dates Employed |
|----------|---------|----------------|
| _____    | _____   | _____          |
| _____    | _____   | _____          |
| _____    | _____   | _____          |
13. Have you filed a West Virginia state personal income tax return? Yes \_\_\_ No \_\_\_ If yes, for which years \_\_\_\_\_
  14. Did your parent(s) or guardian(s) claim you as a dependent on their most recent tax return? Yes \_\_\_\_\_ No \_\_\_\_\_
  15. What percentage of your tuition and living expenses is paid by your parent(s) and/or supporting person(s)? \_\_\_\_\_%

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**Section IV: U.S. Military Members and Veterans** (If you are not a veteran or current member of the military, please leave this section blank.)

1. Are you currently an active duty member of the U.S. military? Yes \_\_\_ No \_\_\_ If yes, please specify branch and current assignment/location:  
\_\_\_\_\_
2. Have you previously served on active duty for a period of at least two years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, were you honorably discharged? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please list your separation date from active duty status: \_\_\_\_\_
3. Are you a current member of the West Virginia National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what month and year did you join? \_\_\_\_\_
4. Are you currently a member of a reserve component of the U.S. military? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what month and year did you become a reservist? \_\_\_\_\_
5. Have you been assigned a service-connected disability by the United States Department of Veteran Affairs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please include documentation with this application.

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**Section V: Please provide legible copies of all documentation that verifies the information provided in this application.**

**CERTIFICATION:** I do solemnly swear/affirm that the statement and evidence hereby presented in support of the foregoing application are true and correct; and, furthermore, certify that the permanent address listed in Section I above is my residence and that I intend to remain at that address indefinitely, and that I have more substantial connections with the State of West Virginia than with any other state.

\_\_\_\_\_(L.S.)  
Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_ (SEAL)  
Notary Public