



Office of the Registrar
 500 Galliher Drive
 Fairmont, WV 26554
 (p) 304-367-4907
 registrar@pierpont.edu

Application for Reclassification of Residency Tuition & Fee Purposes

Section I: Student Information

Student Name _____
Last First Middle

Student ID _____ Current Date _____
(R00.....)

Current Address _____

City _____ State _____ Zip _____

Telephone Number (_____) _____

United States Citizen: Yes _____ No _____
Type of Visa Date of Issuance Port of Entry

Section II: Questionnaire

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

Address	Dates	Parental/Legal Guardians Residence (Y/N)
Address	Dates	Parental/Legal Guardians Residence (Y/N)
Address	Dates	Parental/Legal Guardians Residence (Y/N)
Address	Dates	Parental/Legal Guardians Residence (Y/N)

Did you live in West Virginia prior to attending Pierpont C&TC? Yes _____ No _____
Include How Long

List all institutions, including high schools and colleges/universities, you've attending the past four years.

Name of Institution	Location	Dates
Name of Institution	Location	Dates
Name of Institution	Location	Dates

When do you consider that your West Virginia residency began? _____

Please answer the following:

- Do you own real estate in West Virginia? Yes _____ No _____
- Are you presently married to a West Virginia resident? Yes _____ No _____
- Are you currently registered to vote in West Virginia? Yes _____ No _____
- Do you possess a valid West Virginia driver's license? Yes _____ No _____
- Do you own a vehicle that's currently registered in West Virginia? Yes _____ No _____
- Have you filed a West Virginia state personal income tax return? Yes _____ No _____
- Did your parent(s)/guardian(s) recently claim you as a dependent? Yes _____ No _____

List the names of your employers for the last four years.

Employer	Address	Dates Employed
Employer	Address	Dates Employed
Employer	Address	Dates Employed

Section III: United States Military Members and Veterans

Are you currently on active duty member of the military? Yes _____ No _____

Provide additional Information

Have you previously served on active duty for at least two years? Yes _____ No _____

Provide additional Information

Are you currently a member of the West Virginia National Guard? Yes _____ No _____

Provide additional Information

Any additional military/veteran's information _____

Section: Statement and Documentation

Please provide the following attached to this application:

- Statement from the Applicant explaining request for West Virginia residency for tuition purposes.
- Documentation to verify the information provided in this application. All information must be documented.

Student Signature _____ Date _____

Office of the Registrar:

Completed By _____ Date _____