

Request for Residency Status

Name: _____ S.S. # _____

Iowa Address: _____ Phone: _____

Date of last enrollment at Southeastern Community College: _____
Month / Year

I hereby state that I have established a permanent domicile in the State of Iowa and have resided in said domicile for at least ninety (90) days. In accordance, therefore, with proper procedures and submission of documented evidence of residency, I am requesting residency status classification for tuition and fee purposes.

Signature of Applicant: _____ Date: _____

The student's application for residence status has been reviewed and the following action has been taken:

- Request Granted
- Request Denied

Reason for denial of request (if applicable): _____

Registrar's Signature: _____ Date: _____

Supporting documents include (at least 3 required):

- Iowa Driver's License
- Voter Registration
- Iowa Income Tax Return
- Iowa Vehicle Registration
- Rent Receipts
- Tax Receipts, Ownership of Property
- Other Similar Indicia: _____
- _____
- _____