



**GLENVILLE
STATE**

**WEST VIRGINIA RESIDENCY
APPLICATION** (ro-10/05)

Student Name _____ ID# _____

Present Permanent Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Semester for which you are applying for residency: Fall ____ Spring ____ Summer ____

Are you currently enrolled at this institution? _____ yes _____ no

Have you taken classes at this institution previously? _____ yes _____ no

RESIDENCY INFORMATION: Indicate the dates and attach required evidence for the 12 month residency period being used as the basis for this application.

From _____ to _____ at _____

From _____ to _____ at _____

EMPLOYMENT INFORMATION: Indicate the dates and attach required evidence for the 12 month employment period being used as the basis for this application.

Name _____ Address _____ Dates _____

Name _____ Address _____ Dates _____

ADDITIONAL SUPPORTING INFORMATION: Attach required evidence for EACH of the affirmative actions indicated below. Include a brief and specific statement outlining and explaining your claim to resident student status in a West Virginia public institution.

- | | | |
|--|-----|----|
| Do you own residential property in West Virginia? | Yes | No |
| Have you paid West Virginia real or personal property taxes during the past 12 months? | Yes | No |
| Have you filed a West Virginia income tax return during the past 12 months? | Yes | No |
| Do you have a vehicle registered in West Virginia? | Yes | No |
| Do you have a valid West Virginia driver's license? | Yes | No |
| Are you a registered voter in the state of West Virginia? | Yes | No |
| Are you married to a West Virginia resident? | Yes | No |

I hereby attest that this data is completely accurate and authorize its verification and use by Glenville State College.

Applicant's Signature _____ Date _____

Parent/Guardian Signature (if applicable) _____ Date _____

OFFICE USE ONLY:

Residency Approved _____ Residency Denied _____

Reviewer's Signature _____ Date _____