

Residency Update for “Undetermined” Status

The online application that you completed did not determine your residency status. This form is optional and is used to establish residency. Please complete this form and turn it in to Enrollment Services at registration@edmonds.edu

Name: _____ ctcLink ID: _____
Last First Middle Initial

Quarter applying for: _____

What is your intended program of study? _____

For a list of certificates and degrees, see www.edmonds.edu/es/documents/programs-of-study.pdf

You have been listed as ‘undetermined’ for tuition purposes.
 To change this status, please answer the following questions:

		YES	NO
1.	Are you a U.S. Citizen? If not a US citizen, what is your VISA/Permit type: _____ <i>(Please attach a copy of your VISA/Permit type)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you lived in Washington State for the past 12 consecutive months?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have a driver’s license or state ID? If yes, which state? _____ Please submit copy of photo ID	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have a registered vehicle? If yes, which state? _____	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you under the age of 24?	<input type="checkbox"/>	<input type="checkbox"/>
6.	If under 24 years of age: Were you claimed for federal income tax purposes by your mother, father, or legal guardian in the current calendar year?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has your parent or legal guardian lived in Washington state for the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are you Active duty military stationed in Washington?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are you the spouse or dependent of either (a) an active duty military person stationed in Washington or (b) a member of the Washington National Guard?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Have you separated from active duty in the last three years? If YES, please include a copy of your DD214.	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are you the spouse or dependent of someone who has separated from active duty in the past three years? If YES, please include a copy of your DD214.	<input type="checkbox"/>	<input type="checkbox"/>

By checking this box and entering my name, I acknowledge that I am electronically signing this form to allow Edmonds College to process my request.

Student Signature: _____ Date: _____ Rev: 10/26/22