

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, along with a copy of your photo ID**, to Enrollment Services at residency@edmonds.edu, or come into the Enrollment Services office located in Lynnwood Hall first floor.

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/student-services/enrollment-services/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.	Do any of the following United States statuses apply to you?	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li style="width: 50%;">• U.S. Citizen <li style="width: 50%;">• Parolee <li style="width: 50%;">• U.S. Permanent Resident <li style="width: 50%;">• Cuban-Haitian Entrant <li style="width: 50%;">• Refugee <li style="width: 50%;">• Conditional Entrant <li style="width: 50%;">• Asylee <li style="width: 50%;">• Work Authorization 		
2.	Have you lived in Washington State for the past 12 consecutive months?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you under the age of 24?	<input type="checkbox"/>	<input type="checkbox"/>
4.	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"/>
5.	Has your parent or legal guardian lived in Washington state for the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that the college may require supporting documentation to verify residency status for the purpose of determining eligibility for in-state tuition. I agree to provide such documentation upon request and acknowledge that submitting false or misleading information may result in denial or revocation of in-state residency classification.

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: _____