



MADISON COLLEGE

Residency Re-determination Form

INSTRUCTIONS - This form is to be submitted by the student/applicant to request a Residency Re-determination during the current term or admissions processing term. Residency cannot be changed for a previous term. Program applicants will only be considered for their program if it is still accepting applications. This form must be submitted by the application deadline if residency needs to be updated for admissions consideration.

STUDENT/APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Student ID _____ Date of Birth _____
 Mailing Address _____
 City _____ State _____ Zip Code _____ Telephone _____

RESIDENCY INFORMATION - Required

- Did you file Wisconsin income taxes for the last taxable year?
 - Yes. **If yes**, include a copy of your State of Wisconsin tax form (do not submit schedules). If you are under the age of 25, you must also submit a signed copy of your parent/guardian's State and Federal tax form.
 - No. **If no**, and you are under the age of 25, you must submit a signed copy of your parent/guardian's State and Federal tax forms.
- Are you completely financially independent of your parent(s) or guardian(s)? Yes No
- Were you relocated to Wisconsin for any of the following reasons (check all that apply):
 - Employment Purposes - Include copy of your transfer or employment letter.
 - Military Transfer - Include copy of paperwork documenting this transfer.
 - Family Relocated - Include letter stating reason for relocation (e.g., to be with a parent, spouse, etc.)
- Are you an international student who would be attending college while in the United States on a visa?
 - Yes No
- I am a legal resident of:
 - City Village Township of _____ County _____ State _____
- Name of high school district in which I now reside: _____

By signing, I certify that all of the above information and statements are true to the best of my knowledge.

Student/Applicant Signature _____ Date _____

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in **one** of the following ways:

- In-person (preferred):** Enrollment Center - Truax Campus, Rm. A1000 or any regional or metro campus
- Fax:** (608) 243-4353
- Mail:** Enrollment Center, Madison College, 1701 Wright Street, Madison, WI 53704

Please allow up to 15 business days to process a Residency Re-determination. You will receive a letter in the mail with confirmation of determination made. If approved, your account will be updated to reflect this residency status, effective as of the date submitted. However, you are responsible for maintaining a current address on file from your myMadisonCollege Student Center. You may not request a change for a previous term or for admittance to a program that is no longer accepting applications.

Questions? For further assistance, please call the Enrollment Center at (608) 246-6210 or visit in-person.

Truax, Regional & Metro Campus Staff Only- Date stamp, initial and email to intake@madisoncollege.edu.

Date Received _____ Staff Initials _____