MADISON COLLEGE
Residency Re-determination Form

INSTRUCTIONS - This form is to be submitted by the student/applicant to request a Residency Re-determination for the current term. Residency cannot be changed for a previous term. Residency is determined by reviewing provided supporting materials. Documentation showing residency must be included with this form. *If the form is incomplete, or documentation not included, the request will be denied. Notifications regarding your review will be sent to your Madison College student email.*

STUDENT/APPLICANT INFORMATION

Last Name/Surname _____ First Name/Given Name _____

Date of Birth _____ Student ID _____ Phone _____

RESIDENCY INFORMATION

1. Did you file income taxes for the last taxable year? ☐ Yes ☐ No

   a. Are you under 25? ☐ Yes ☐ No

   If yes, parent(s) or guardian(s) taxes are required. If you trying to request a different residency than your parent(s) or guardian(s), your own supporting materials are also required. Provided documents should reflect your financial independence like a current pay-stub or your own taxes.

2. What is the reason your residency has changed? A few short sentences are fine.

3. Are you an international student who would be attending college while in the United States on a visa? ☐ Yes ☐ No

4. I am a legal resident of:

   ☐ City ☐ Village ☐ Township of _____ County _____ State _____

   Name of high school district which I now reside: _____

5. This form must be accompanied by supporting documentation. Are you including items to help prove residency? ☐ Yes ☐ No

6. What supporting documentation are you submitting? (multiple documents are recommended. check all that apply)

   ☐ Income taxes ☐ Wisconsin ID or driver's license ☐ Current pay-stub or job offer letter

   ☐ Parents/Guardians' income taxes ☐ Motor vechical registration ☐ Voter registration card

By signing, I certify that all of the above information and statements are true to the best of my knowledge. I understand that notifications regarding this review will be sent to my Madison College student email and may require a response or additional documentation if needed.

Student/Applicant Signature _____ Date _____

SUBMISSION INSTRUCTIONS

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

In-person: 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
Email: EnrollmentServices@MadisonCollege.edu

Please allow up to 15 business days to process a Residency Re-determination. You will receive an email notification once confirmation of a determination made. If approved, your account will be updated to reflect this residency status, effective as of the date submitted. Additional supporting documentation may be requested via email notification. You are responsible for maintaining a current mailing address on file from your myMadisonCollege Student Center. This form does not update your mailing address.

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* _____