CT STATE
COMMUNITY COLLEGE

CHANGE OF RESIDENCY REQUEST FORM

NOTE: Students may also update their address and contact info in myCTState > Banner Self-Service in the Personal Information section.

@_____   _____   _____
   Student ID   Last Name   First Name

FORMER ADDRESS:

_____   _____   _____   _____
               Street   City   State   Zip Code

NEW ADDRESS: *Your address may be updated as soon as you move.*

_____   _____   _____   _____
               Street   City   State   Zip Code

Contact Info: _____   _____   _____
                     Home Phone   Cell Phone   Work Phone

REASON FOR CHANGE OF RESIDENCY REQUEST (check what applies):

- o   I am an unemancipated student whose parents are domiciled in CT.
- o   I am an emancipated student who resides within my parents and/or receive parent financial support (i.e., considered "dependent" for federal and state financial aid), and my parents are domiciled in CT.
- o   I am a dependent (spouse/child) of an emancipated person will qualify for in-state status only if the emancipated person can prove full-time employment and residency in CT for a period of six months or more.
- o   I am an emancipated/independent student stationed in CT under military orders.
- o   I am an unemancipated/ dependent student with a parent stationed in CT under military orders.
- o   Other _____

All other students must wait at least a year before they may apply to change residency to in-state status per Sec. 10a-30(1).

Students must submit supporting documentation to prove the required residency in CT. This may include copies/ scans of signed and dated leases, mortgages, utility bills, etc. DO NOT send confidential information by email. Deliver it to Enrollment Services, use the CSCU Secure Portal: https://cscu.easy-forward.com to upload supporting documentation.

Decisions regarding this request will be communicated through the student's college email address. Updates to tuition and fees may only be made for current and/or future terms/ semesters given documentation provided.

Certification:

By signing below, I affirm that I am the above-named person, and that the information provided above is true and correct.

Student Signature:_____   Date: _____

Please complete and return to Enrollment Services.

For Office Use Only:
Date Received: _____
Date Entered: _____
Entered By: _____

original: 03222023