

First Name:Student ID#:			Last Name:					
			Date of Birth://					
Desired Semester/Year of Resident Reclassification:								
	□Fall 20	□Spring	20	☐ Summe	er 20			
	Section	A: Application	Instructions and	Signature				
based on their applicants shal	g immediately prior to current assigned resid I include any informat n the student desires t	lency and wait for it ion or documents i	a refund (if applicabl	e) if the appli	cation is approved. Su	-		
An application will not be considered if received more than 30 days after the first day of classes								
<ul> <li>Failure to comply with the appeal procedures and deadlines shall constitute a waiver of all claims for reclassification for the applicable term or terms.</li> </ul>								
• • •	<ul> <li>Applicants must complete all items and provide all supplemental documentation requested by this office. Failure to do so may result in the application being returned, thus delaying consideration.</li> </ul>							
Signature: (thi	s form will not be acco	epted if not signed	and dated)					
complete to th	that the information e best of my knowled d Technical College Sy	ge. I authorize the	Northshore Technica	l Community	College and the Louis			
Signature of ap	pplicant				Date			
If applicable, Signature of Guardian					Date			
(For Of	fice Use Only)	CLASSIFICATION	ASSIGNED BY CAMPUS					
RESIDE		0 ING 20 JMMER 20	NON RESIDENT					
Approv	ed by:			Date:				

### **Section B: Documentation**

The burden of proof rests with you, the student, to establish Louisiana residency. A minimum of two different documents are required (in certain instances additional documents may be required). At least one primary requirement document must be submitted. *Please attach documentation to this application*.

<u>Primary</u>	Requirement (must submit at least one):			
	I have lived and worked in Louisiana for the last 12 months. Employer must complete the attached employee verification form.			
	I am married to a Louisiana resident as defined by the LCTCS definition. Attach a copy of marriage certificate, along with a copy of spouse's employee verification form.			
	I am a dependent child of a Louisiana resident as defined by LCTCS definition. Attach a signed/certified copy of parent's prior Louisiana tax document with you listed as a dependent, along with a copy of a parent's employee verification form.			
	I am a dependent child living with a legal guardian who is a Louisiana resident as defined by the LCTCS definition. Attach copy of legal documents along with a copy of a parent's employee verification form.			
	I am a dependent (child/spouse) of a parent or legal guardian who can demonstrate they have abandoned their out-of-state domicile and have relocated (transferred) to Louisiana for employment.			
	I am now separated from the armed forces. I met the Louisiana residency requirements under these regulations immediately prior to entering the armed forces. I have resided continuously for a period less than two years in another state or foreign country. Attach a copy of your current DD-214 indicating Louisiana as your home state.			
	According to the United States Citizenship and Immigration Services (USCIS), I am a permanent resident and I meet the Louisiana resident definition as defined by the LCTCS. Attach a copy of permanent resident card form I-551 or a copy of the residency approval on passport and employee verification form.			
<u>Seconda</u>	ry Requirement:			
	Louisiana driver's license or I.D. (for at least one year) Louisiana vehicle registration (for at least one year) Louisiana voter's registration (for at least one year) Louisiana marriage certificate Louisiana tax document from the past year Louisiana homestead exemption License for professional practice in Louisiana (for at least one year)			
Additional Documentation Serving as Evidence:				

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Depending on your specific situation, you may be required to submit additional documentation to serve as evidence towards your residency claim.

# **EMPLOYEE VERIFICATION FORM**

# VERIFICATION OF LOUISIANA EMPLOYMENT FOR RESIDENCY DETERMINATION

Name of Student:			
Last	First	Middle or Maiden	
Phone Number:	Student ID #		
This is to certify that I have been an employ	yee of (completed by employer):		
Name of Agency:			
Agency address:			
From: Month/Day/Year	To:	th/Day/Year	
Employee worked an average of			
If transferred to Louisiana, indicate date of	transfer:		
This is to certify that the information shown	n above concerning the employme	nt of	
	is accurate.		
Name of Employee			
Signature of Employer	Agen	су	
Print Name of Employer	Date		
Title			