RESIDENCY APPLICATION SUBMISSION DATES AND INFORMATION

Please note: Any Western Michigan University undergraduate student who has been admitted as a degree seeking student and began enrollment effective with the Summer 1 2017 semester or later, will have their residency status determined at the time of admission and it will remain the same throughout the student’s enrollment at Western Michigan University.

You must be registered for on-campus classes for the semester/session that you are applying for a change in residency status. Your application must include your Western Identification Number (WIN).

Applications for residency must be received in the Accounts Receivable Office, Western Michigan University, 1903 W. Michigan Avenue, Kalamazoo, MI 49008-5210 according to the schedule below.

<table>
<thead>
<tr>
<th>Application for:</th>
<th>Earliest Date to Turn in Application:</th>
<th>Deadline Date to Turn in Application:</th>
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<tbody>
<tr>
<td>Spring Semester</td>
<td>December 1</td>
<td>First Day of Classes</td>
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<tr>
<td>Summer I Session</td>
<td>April 1</td>
<td>First Day of Classes</td>
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<tr>
<td>Summer II Session</td>
<td>June 1</td>
<td>First Day of Classes</td>
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<tr>
<td>Fall Semester</td>
<td>August 1</td>
<td>First Day of Classes</td>
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Applications are generally processed by the Accounts Receivable office within a 3 week time period.

An email will be sent to your WMU email address when the application has been approved or denied. If approved, and you have financial aid or other awards, those departments (i.e. financial aid, graduate college, athletics, international office, etc.) will review your awards to determine if any adjustments are required. Please allow an additional 3 weeks from the initial approval for the entire process to be completed and your account to be adjusted. All communication of your residency application will be sent to your WMU email address. Please check your WMU email regularly for updates and respond to requests for additional information as quickly as possible.

Incomplete and/or lack of required information could result in denial and/or delay the processing of your application. Please be sure to sign and date the application (Page 2).

Please Note: During the period when awards are being adjusted, you may see a temporary increase in your balance. When your tuition is adjusted to the resident rate, your balance will reduce. You will receive an email when the entire process is complete. After the final email, please review your account and contact us if you have questions or concerns.
WESTERN MICHIGAN UNIVERSITY
Application for Resident Classification for University Admission and/or Fee Purposes

Submit this application to the Accounts Receivable Office, WESTERN MICHIGAN UNIVERSITY, 1903 W. MICHIGAN AVENUE, KALAMAZOO, MI 49008-5210 by the established semester/session submission dates. The application must be signed, dated and include all required documents. Keep a copy for your records.

Please print in blue or black ink.

1 WIN________________________

2 Last Name / First Name / Middle Name / Former Name

3 Current Address

Street / City / State / Zip Code / Area Code / Number

4 Phone Number

5 Birthdate: Month _____ Day _____ Year _________

6 Place of Birth: City ___________________ State _____ Country __________________________

7 U.S. Citizen: ☐ YES ☐ NO 8 State of Legal Residence: ___________________________ How long have you lived in Michigan? _________

9 Non-U.S. Citizen Only: MY COUNTRY OF CITIZENSHIP IS __________________________ A copy of your Green Card (Visa) must be attached with this application.

I have an I-551 Immigrant Visa. Date: _____________________ I currently have a __________ Visa. Date: _____________________

10 This application is for: ☐ Spring _____ ☐ Summer I _____ ☐ Summer II _____ ☐ Fall _____ 11 MAJOR: __________________________

12 Currently Enrolled (check one) ☐ YES ☐ NO (IF NO - STOP - enrollment required) 13 Status: ☐ Undergraduate ☐ Graduate

14 My request to change my resident status is based on (check one):

☐ My status as a Michigan resident ☐ Michigan residency of my parent(s) * ☐ Michigan residency of my spouse**

(* Provide copy of Birth Certificate) (**) Provide copy of Marriage Certificate

See checklist to determine documentation required to be submitted

15 If your status is based on a parent(s) or spouse being a Michigan resident as indicated in Section 14, you must complete Section 15 in its entirety and include verifying documents as requested. Otherwise, please proceed to Section 16 on this form.

State of legal Residence of parent(s) or spouse: ___________________________ How long has parent(s) or spouse lived there? ______________

How long has parent(s) or spouse resided in Michigan continuously through present date? ___________________________

My parent(s) or spouse’s address is the ☐ SAME AS ☐ OR ☐ DIFFERENT than listed in Section 3. (If different, list the address below.)

Address / City / State / Zip Code

(Circle One) My spouse / parent is:

☐ currently enrolled at WMU? ☐ NO ☐ YES If YES, provide (Western Identification Number) WIN: __________________________

☐ currently employed at WMU? ☐ NO ☐ YES If YES, list position and department: __________________________

☐ currently employed in Michigan? ☐ NO ☐ YES If YES, complete employment information below.

Name and Address of Employer / Phone Number / Dates of Employment

(A letter from the employer verifying employment of spouse/parent MUST be included with this application OR provide a copy of the first and most recent paycheck stubs for the current calendar year.)

APPLICATION CONTINUES – PROCEED TO PAGE 2
16 List all your employers during the past two years. (A letter verifying your employment from each of your employer(s) during the past 12 months **MUST** be attached **OR** your may provide a copy of your first and most recent paycheck stubs for this calendar year.)

<table>
<thead>
<tr>
<th>Employer-Company Name &amp; Address</th>
<th>Supervisor Name</th>
<th>Phone Number</th>
<th>Employment Dates (From – To)</th>
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17 List all previous addresses (most recent first) for the past two years. You do not need to include current address already listed in section 3.

<table>
<thead>
<tr>
<th>Address</th>
<th>Dates (From – To)</th>
<th>Landlord Information If leased</th>
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18 In the space below list all schools attended during the past two years. Include WMU as well as other colleges, universities, post high school educational programs and high school, if applicable.

<table>
<thead>
<tr>
<th>Name of School/College/University</th>
<th>Address (City, State)</th>
<th>Dates Attended</th>
<th>Resident Classification</th>
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19 Were you claimed as a dependent on any person's income tax returns (Federal and State) during either or both of the past two years?

☐ YES ☐ NO

If YES, please complete the following information:

_________________________ / ____________________________ / __________________________
Name Address Relationship to you

NOTE: If your residency status is based on your parent(s) or spouse in Section 14, attach a copy of the prior calendar year federal and state tax returns and W2s for your parent(s) or spouse. Otherwise if you did not attend on campus classes at WMU for 4 consecutive semesters, you **MUST** include your prior year federal and state tax returns and W2s with this application.

20 You must include a brief but complete statement justifying your claim for residency for tuition-paying purposes by citing the residency policy stipulations under which you qualify. Applications without an explanation will not be processed. Attach additional sheets, if needed.

21 **Your signature is required to complete this application.** I have read and understand the Residency Policy of WMU. I hereby certify that all answers on this application and in all attachments thereto are true, correct and complete to the best of my knowledge. I authorize WMU to verify all facts to my claim to residency. Misrepresentation and falsification of information may be subject to disciplinary and/or legal measures.

Signature __________________________ Date __________________________
Release of Student Information for Residency Application

Complete this form if you would like us to discuss your residency application and/or submitted documentation with other individuals during its review. Enter the name of the individual, their relationship to you, and the telephone number of the person you would allow us to speak to on the lines below (parent, guardian, employer etc.). **Do not enter your own name.** If there are no designated parties that we may discuss your application with, you do not need to fill out this form.

Completing and signing this form grants the Accounts Receivable Office permission to discuss and release information regarding your Application for Resident Classification for University Admission and/or Fee Purposes to a designated party. A separate release form must be completed and signed for each individual that you wish information (non-directory) released to. This information will be made available only if and when requested by the authorized third party. I, hereby, authorize release to:

________________________________________________________________________
Name of Other Individual  Relationship to You

________________________________________________________________________
Telephone Number of Other Individual

________________________________________________________________________
Student Name (Print)

________________________________________________________________________
Student Signature

________________________________________________________________________
WIN Number

________________________________________________________________________
Date

This release form is valid until rescinded, in writing, by the student.
Contact Information for Inquiries/Information/Questions

WMU Residency Policy and additional information is available on our website. (http://wmich.edu/accounts-receivable/students/residency)

Email questions and inquiries regarding residency reclassification process to: wmu-residency@wmich.edu

To speak to someone in accounts receivable regarding residency: (269) 387-4141

To drop off applications or discuss the application in person, stop by the Accounts Receivable Office located in Room 1060 of the Seibert Administration Building.

Mail applications to: Accounts Receivable Office Western Michigan University 1903 W Michigan Ave Kalamazoo, MI 49008-5210

Fax application and/or additional documentation to: (269) 387-4227