



APPLICATION FOR NON-LOUISIANA RESIDENCY RECLASSIFICATION

NAME: (Last) (First) (Maiden or Middle)

STUDENT ID NUMBER: GENDER: (Male) (Female)

PHONE NUMBER:

DESIRED SEMESTER/YEAR OF RESIDENT STATUS:

LAST SEMESTER and YEAR AT DELGADO COMMUNITY COLLEGE:

- ( ) FALL 20
( ) SPRING 20
( ) SUMMER 20

- ( ) FALL ( ) NEVER ATTENDED
( ) SPRING
( ) SUMMER

Based on the information you provided on your admission application, you have been coded as non-Louisiana resident for tuition purposes. Delgado Community College adheres to the guidelines established by the Louisiana Community and Technical College System (LCTCS). (Note: This form does NOT apply to the residency status of veterans, military service members and their dependents/spouses. They are eligible to apply for non-resident tuition waivers on the Veteran, Service Member, Dependent, Spouse Non-Resident Waiver Request Form.)

For tuition purposes, a Louisiana resident is defined as one who has, or a dependent person whose parent or legal guardian has, abandoned all prior domiciles and has been domiciled and is employed part-time or full-time in the State of Louisiana continuously for at least one full year (365 days) immediately preceding the first day of classes of the semester of enrollment for which resident classification is sought. Other persons not meeting the 12-month legal residency requirement as defined by the LCTCS may be classified as temporary residents for tuition purposes only if they meet the requirements as listed on the temporary re-classification application.

To qualify as Louisiana resident for tuition purposes, you must be a U.S. citizen, a legal permanent resident, a non-U.S. citizen who can demonstrate that he or she has been lawfully admitted to the United States for permanent residence; or meet one of the classifications of temporary resident as defined by the LCTCS. Owning property in Louisiana, paying Louisiana state taxes, or establishing voter privileges in Louisiana do not, in themselves, qualify you for Louisiana residency.

It is recommended that applications for reclassification to resident status be filed at least 21 calendar days before registration to allow changes to be reflected on registration material. Applicants filing immediately prior to registration or up to 21 calendar days after the first day of classes must be prepared to pay the non-resident fee and wait for a refund if the application is approved. Such applicants shall include any information or documents required by the College, together with any supporting evidence which the student desires to submit. Failure to comply with the appeal procedures and deadlines shall constitute a waiver of all claims for reclassification for the applicable term or terms. It is recommended that you keep a copy of this application and accompanying documents for your records.

Attach copies of the following general supporting documents to this application: any of the documents listed below that you possess, the signed Verification of Louisiana Employment form (included), and the personal statement requested in question #16.

PLEASE NOTE: Lease agreements, utility bills, W-2 forms do not constitute verification of residency status.

- 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 (if submitted electronically, submit IT540B SD form, if mailed, must include IRS stamp)
Louisiana homestead exemption
License for professional practice in Louisiana (for at least one year)

AN APPLICATION WILL NOT BE CONSIDERED IF RECEIVED MORE THAN 21 DAYS AFTER THE FIRST DAY OF CLASSES

(For Office Use Only) CLASSIFICATION ASSIGNED BY CAMPUS
RESIDENT EFFECTIVE: ( ) FALL 20 ( ) SPRING 20 ( ) SUMMER 20
NON RESIDENT
Approved by: Date:
Date appeal forwarded to the College's Residency Appeals Committee:

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1. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

2. If not a U.S. Citizen, date permanent card received: \_\_\_\_\_
(enclose a copy of the front and back of resident alien card)

3. Permanent Address:
Street: \_\_\_\_\_ (Apt. No)
City: \_\_\_\_\_
State: \_\_\_\_\_ (Zip Code)

Date moved to Louisiana: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

4. List all of your addresses for the past five years. Account for all time periods of two weeks or longer

Table with 4 columns: Street Address, City, State, Dates: From - To. Contains 6 empty rows for address entry.

My application for Non-Louisiana Residency Reclassification is based on one of the following:

The burden of proof rests with you, the student, to establish Louisiana residency. A minimum of two different documents are required (in certain instances a third document). Primary requirements are listed below. Secondary requirements are listed under the General Supporting Documentation section.

Check one of the following that applies to you.

- Checkboxes with conditions for Louisiana residency: lived/worked 12 months, married to Louisiana resident, dependent child of Delgado graduate, dependent child of Louisiana resident, dependent child with legal guardian, dependent child with abandoned domicile, permanent resident.



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5. Were you claimed as a dependent on any person's or State Income Tax return the past years?
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete the following: \_\_\_\_\_
(Name of person claiming you as a dependent & relationship)

(Street Address) (City) (State) (Zip Code)

6. Dependent child of Alumni: \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Have you filed a Louisiana Tax return? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for which year: \_\_\_\_\_

8. Do you have a driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is the state of issue? \_\_\_\_\_

If Louisiana driver's license, please enclose a photocopy

9. Do you own a car? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, in what state is it registered? \_\_\_\_\_ If registered in Louisiana, please enclose a copy?

10. Are you registered to vote in Louisiana: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, enclose a photocopy of your voter registration card.

11. List all agencies or persons by whom you have been employed during the past five years (list present employer first):

Table with 3 columns: Employer, City and State, Dates employed: From - To

12. List all schools attended from present date starting with Delgado Community College, ending with High School:

Table with 3 columns: School, City and State, Dates Attended: From - To

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13. List all financial support (any unearned income) received during the past five years (include gifts, grants, loans, scholarships, social security, disability, retirement, etc.):

Year	Source of Support	Relationship to You	Address of Donor	Amt./Percent

14. Do you own property in Louisiana: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list location: \_\_\_\_\_

15. If married, give name of spouse: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Spouse's employer and address: \_\_\_\_\_

- 16.

On a separate sheet of paper make a **complete** statement covering:

- (1) Your reasons for coming or returning to Louisiana.
- (2) Your reasons for believing you are a domiciliary of Louisiana.
- (3) Any further facts relative to your resident status you wish to submit.

Please take some time to write your statement as this is an important part of your application.

17. Signature: (this form will not be accepted if not signed and dated)

I hereby certify that the information given in this application and in all attachments thereto is true, correct and complete to the best of my knowledge. I authorize the Louisiana Community and Technical College System to verify all facts relevant to my claim for residency.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

If applicable, Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

**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.**

**AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED UNDER ANY CIRCUMSTANCES**

# EMPLOYEE VERIFICATION FORM

## VERIFICATION OF LOUISIANA EMPLOYMENT FOR RESIDENCY DETERMINATION

Name of Student:

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Last	First	Middle or Maiden
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Completed by (if different than student): ( ) Applicant ( ) Parent ( ) Spouse

Name:

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Last	First	Middle or Maiden
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Phone Number: \_\_\_\_\_ Student's Delgado ID # \_\_\_\_\_

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**This is to certify that I have been an employee of: (completed by employer)**

Name of Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency address:

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From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Employee worked an average of \_\_\_\_\_ hours per week.

If transferred to Louisiana, indicate date of transfer: \_\_\_\_\_

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**This is to certify that the information shown above concerning the employment of**

\_\_\_\_\_ **is accurate.**

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Print Name of Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title