



Non-Louisiana Residency Reclassification Application

I am a first-time freshman or transfer student at Delgado
Please submit your complete application to: **Office of Admissions**

I am a returning or continuing student at Delgado
Please submit your complete application to: **Registrar's Office**

Instructions

- Step 1: Review the attached residency policy located on page 3 of this application.
- Step 2: Complete this form in **ink** and print **clearly**.
- Step 3: Attach the required supporting documentation.
- Step 4: Submit the completed application with documentation to the appropriate office as indicated above. Forms must be received in the appropriate office no later than **10 business days after first day of classes** for the requested semester/term.

Student Information

| | | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-----------------|
| Student ID: | Semester/ Term applying: Fall 20 ____ Spring 20 ____ Summer 20 ____ | | |
| First Name: | MI: | Last Name: | |
| Address: | | City: | State/Zip: |
| Email: | | Phone | |
| US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date moved to Louisiana (MM/DD/YYYY) | | Place of Birth: |
| State and Year of High School graduation: | | | Date of Birth: |

Reason for Residency Reclassification

Your application for Louisiana Residency Reclassification is based on one of the following statements below, please select **ONE** of the following that applies to you:

- ___ I have resided or worked in Louisiana for at least one full year (365 days) prior to the first official day of classes of the semester/term for which the application is being made **AND** filed a current Louisiana Resident state income tax return.
- ___ I am married to a Louisiana resident.
- ___ I am dependent child of: a Louisiana resident or a graduate of Delgado Community College.
- ___ I am military personnel, or a spouse or dependent of military personnel.
- ___ I am a permanent resident immigrant or a legal immigrant granted indefinite stay by the U.S. Citizenship and Immigration Services (USCIS) and I meet the Louisiana resident definition.
- ___ I am seeking **Temporary Residency Classification**. My **one** semester/term temporary waiver is based on one of these categories: VISA: A, E, G, H, I, L, refugee, asylee, parolee, temporary protective status. (**Submit residency application to Admissions Office.**)

Acceptable Documentation

Please provide **TWO** forms of supporting documentation. Documents **MUST** be dated **12** complete months prior to the first day of classes for the requested semester (and term) of reclassification.

- ___ A valid Louisiana driver's license or identification card, issued 365 days prior to the semester/term of application.
- ___ Current Louisiana Resident state income tax return with student listed as filer or dependent.
- ___ High school transcript of recent graduate within last two years.
- ___ Louisiana Vehicle Registration
- ___ Louisiana Voter's Registration
- ___ Military Personnel/Spouse/Dependent (**One form required**. See <http://www.dcc.edu/student-services/advising/veterans-affairs/residency.aspx>.)
- ___ A copy of both sides of a current VISA and PASSPORT, or I-94 with USCIS related documentation. (VISA: A, E, G, H, I, L, refugee, asylee, parolee, temporary protective status).
- ___ Permanent Resident Card

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 Delgado Community College to verify all facts relevant to my claim for residency.

Signature of Applicant: _____ Date: _____



Non-Louisiana Residency Reclassification Application

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 or denied, thus delaying consideration.

Employment Verification Form

| | |
|-------------------------------------|---------------------|
| STUDENT First and Last Name: | Student ID#: |
|-------------------------------------|---------------------|

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|----------------------------------------------------------------|
| EMPLOYEE First and Last Name IF different than student: |
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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please select <u>one</u> of the following: <input type="checkbox"/> I am the student above. <input type="checkbox"/> I am the Parent of the student above. <input type="checkbox"/> I am the Spouse of the student above. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

To Be Completed By Employer

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|-----|
| Employee Name | | | |
| Employer/Agency Name: | | | |
| Employer/Agency Address: | City | State | Zip |
| Supervisor or HR Representative: | | | |
| Contact Phone: | Contact Email: | | |
| Start Date: (MM/DD/YYYY) | End Date: (MM/DD/YYYY) | | |
| <i>I hereby certify that the information given in this verification is true, correct, and complete to the best of my knowledge.</i> | | | |
| Employer Signature: | | Date: | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|-----|
| Employee Name | | | |
| Employer/Agency Name: | | | |
| Employer/Agency Address: | City | State | Zip |
| Supervisor or HR Representative: | | | |
| Contact Phone: | Contact Email: | | |
| Start Date: (MM/DD/YYYY) | End Date: (MM/DD/YYYY) | | |
| <i>I hereby certify that the information given in this verification is true, correct, and complete to the best of my knowledge.</i> | | | |
| Employer Signature: | | Date: | |

Office Use Only

| | | | | |
|------------------------------|-----------------|---------------|----------------------|--------------|
| Application Decision: | Approved | Denied | Processed by: | Date: |
| Appeal Decision: | Approved | Denied | Processed by: | Date: |

RESIDENCY POLICY – Please Keep for Your Records

The Board of Supervisors for the Louisiana Community and Technical Colleges System has established policies and procedures for determining residency. Eligibility for classification as a Louisiana resident is determined by the Office of Admissions after the completed application for admission and other related documents have been submitted. After enrollment, changes in residency status are made in the Office of the Registrar.

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. Owning property in Louisiana, paying Louisiana state taxes, or establishing voter privileges in Louisiana do not, in themselves, qualify an applicant for Louisiana residency.

Residency Categories

- Have lived and worked in Louisiana for at least one full year
- Married to a Louisiana resident
- A dependent child of a Delgado Community College graduate
- Dependent child of a Louisiana resident
- Dependent child of a Louisiana resident living with a legal guardian
- Permanent resident - must be in possession of Form I-551 (alien permanent resident card) or must show proof of permanent resident approval)
- Military Personnel/Spouse/Dependent as defined below.
 - An active duty member of the Armed Forces (including National Guard and Reserves) may be classified as a Resident upon submission of documentation signed by the unit commander verifying active duty.
 - An honorably discharged and retired veteran of the Armed Forces may be classified as a Resident upon submission of documentation verifying military discharge/retirement status.
 - A spouse, minor child or dependent of an active duty, honorably discharged or retired member of the Armed Forces may enroll as a Resident upon submission of documentation verifying spouse/dependent status.

Other persons not meeting the 12-month legal residency requirement may be classified as temporary residents only if they meet the requirements for one of the following categories.

Temporary Residency Categories

- Visa categories: A, E, G, I, H, L
- Non-U.S. citizen lawfully admitted to the United States as Refugee, Asylee, Parolee, or Temporary Protective Status, may qualify for one semester/term waiver

Residency Reclassification

- Students in the process of working to have their classification as non-residents changed to residents must present satisfactory written documentation proving that they meet one of the categories to be classified as a Louisiana resident. To qualify as a Louisiana resident, the applicant 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.
- Non-U.S. citizens must be a permanent resident in possession of Form I-551 (alien permanent resident card) or proof of approval for such status before beginning the process of establishing residency by meeting the criteria to be classified as a Louisiana resident. Non-U.S. citizens not in possession of Form I-551 are referred to International Student Admissions for determination of residency status.
- Non-Louisiana Residency Reclassification Applications, which outline the required supporting documentation, are available in the Office of Admissions and on the Delgado web site (<https://www.dcc.edu/admissions/residency.aspx>). The application along with all supporting documentation must be submitted to the Office of Admissions for new students or to the Office of the Registrar for readmit and continuing students within **10 days after the first day of classes**.

Residency Appeals

- Appeals of denial for reclassification must be submitted to the Registrar's Office for consideration by the College's Residency Appeals Committee. The Residency Appeals Committee consists of not less than three voting members of the College staff appointed by the Chancellor's designee, the Vice Chancellor for Academic Affairs. The College Registrar serves as an additional, non-voting member. If the Committee finds from the evidence submitted that the student is entitled to reclassification under the established regulations, the Committee makes a recommendation to the Chancellor's designee regarding the reclassification of a student who has appealed his or her classification as a non-resident.
- Within 10 days of the Committee's recommendation, the student will be notified by the Registrar's Office regarding the College's decision. If the decision is to reclassify the student to a resident, the classification will be effective with the current term. Failure of the student to comply timely with the residency appeals procedure will constitute a waiver of all claims for reclassification for the applicable semester/session. Exceptions to the policy may be made by the Chancellor's designee.
- All students classified as residents are subject to reclassification to non-resident if incorrect classification results from false or concealed facts by the student, the student is also subject to the College's student judicial procedures.