DELTA COLLEGE RESIDENCY STATUS PETITION

PRIOR ADDRESS:
Name: ___________________________________ Delta ID #: ______________
Address: ___________________________________ Apt #: ______________
City: ____________________ State: _______ Zip Code: ___________ County: ______________
Phone: ____________________  [Home]  [Cell]  [Work]  [Non-Delta Email: ____________________

NEW ADDRESS:
Name: ___________________________________ Delta ID #: ______________
Address: ___________________________________ Apt #: ______________
City: ____________________ State: _______ Zip Code: ___________ County: ______________
Phone: ____________________  [Home]  [Cell]  [Work]  [Non-Delta Email: ____________________

RESIDENCY CLASSIFICATION GUIDELINES

• A current/valid Michigan driver’s license or Michigan Secretary of State ID card in the student’s name indicating a permanent address within Bay, Midland, or Saginaw counties is required plus one additional document listed below if the driver’s license is not changed three months prior to the start of the semester in which you plan to enroll.
• You must have established legal residence within the Delta County District (Bay, Midland, or Saginaw Counties) for at least three consecutive months immediately preceding the first day of the semester in which you plan to enroll.
• To apply for Out-District status, you must be a legal resident of any Michigan County (excluding Bay, Midland, Saginaw Counties).
• Residency changes must be made prior to the end of the refund period for the semester in which you are petitioning the change and are not retroactive for previous semesters.

CHECK DOCUMENTATION SUBMITTED AND ATTACH PHOTOCOPIES

☐ Michigan Driver’s License or State ID (required)  ☐ Court Issued/Legal Documents
☐ Property Tax Receipt for your Permanent Residence  ☐ Voter Registration Card

I have read and understand the above:

Signature: ____________________ Date: ____________________

RETURN FORM AND DOCUMENTATION TO THE REGISTRAR’S OFFICE – B100
Delta College, 1961 Delta Rd., University Center, MI 48710
Email: regis@delta.edu  fax: (989)667-2221

REGISTRAR’S OFFICE USE ONLY

Date(s) on attached documentation: ____________________ New Residency Status: ☐ 1 ☐ 2 ☐ 3 ☐ 4
Approved/Processed By: ____________________ Date: ____________________ Effective Semester: ____________________
☐ Re-billed  ☐ Scanned  ☐ Sent to Financial Aid (residency changes only)

REV 02/19