

Residency Status Change Form

Please refer to the residency policy
located in the Admissions section of the College catalog – Appendix I

ALL APPLICABLE AREAS OF THE FORM MUST BE FILLED OUT IN THEIR ENTIRETY.

Please PRINT clearly.

Semester/year admitted: _____ Semester/year of petition: _____

Student Name: _____ Student ID# _____
Last Name First Name

Contact Phone: (Day) _____ Email Address: _____

Mailing Address: _____
Street
City State Zip

Registered for upcoming semester	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CSM account paid in full	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Active Duty/Retired Military	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dependent of Active Duty/Retired Military	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Action Requested:

Residency documentation attached: *(Two different forms of documentation, dated 3 month's prior to start of semester, must be attached.)*

<input type="checkbox"/> Military Orders	<input type="checkbox"/> Current lease or deed of residence
<input type="checkbox"/> Maryland Driver's License	<input type="checkbox"/> Prior year's income tax returns
<input type="checkbox"/> Maryland Vehicle Registration	<input type="checkbox"/> Pay stub with address or saving/investments statements
<input type="checkbox"/> Voter's Registration	

Citizenship documentation attached: *(Provide one of the following.)*

<input type="checkbox"/> US Birth Certificate
<input type="checkbox"/> Permanent Resident Card
<input type="checkbox"/> United States Passport
<input type="checkbox"/> Current Visa Documentation

****Please note:** There is a 48-72 hour turn around time for processing, not including weekends.**

Signature: _____ Date: _____

Any faxed documentation will **not** be accepted. Submit your completed request by mail or in person only.

College of Southern Maryland

Attn: Admissions

8730 Mitchell Rd, P.O. Box 910, La Plata, MD 20646