DELTA COLLEGE RESIDENCY STATUS PETITION

Received By:						
Fax	☐ In Person	Email				
)ate:						

> PREVIOUS ADDRESS:			
Name:	e: Delta ID # :		
Address:		Apt #:	
City:	State:	Zip Code:	County:
Phone:		Work Non-Delta Email: _	
New Address: Name:		Delta ID#:	
	State:		
Phone:	Home Cell	Work Non-Delta Email: _	
within Bay, Mid three months p You must have consecutive mc To apply for Ou Residency chan not retroactive Michigan Dr	land, or Saginaw counties is required plus rior to the start of the semester in which y established legal residence within the Deboths immediately preceding the first day t-District status, you must be a legal resid ges must be made prior to the end of the for previous semesters.	one additional document listed you plan to enroll. ta County District (Bay, Midland, of the semester in which you pla ent of any Michigan County (excl refund period for the semester in UBMITTED AND ATTACH PHO	n to enroll. uding Bay, Midland, Saginaw Counties). n which you are petitioning the change and <u>are</u>
I have read and understa	nd the above:		
➤> Signature:			Date:
	RETURN FORM AND DOCUMEN Delta College, 1961 Del		48710
	REGISTRA	R'S OFFICE USE ONLY	
Date(s) on attached documentation:		New Residency Status:	1 2 3 4
Approved/Processed By:	Date:	Effective Semest	er:
Re-billed	Scanned Sent to Financial Aid (r	esidency changes only)	

REV 01/23