



Great Bay
Community College

320 Corporate Drive
Portsmouth, NH 03801
Phone: (603) 427-7610
FAX: (603) 334-6308

Spring Summer Fall Year _____

REQUEST for CHANGE of RESIDENCY STATUS

Instructions: Complete the form and submit with the appropriate documentation to the Admissions Office.
Deadlines: Request must be made by: **September 1—Fall term, January 1—Spring term, June 1—Summer term**
Residency Eligibility: No person shall be eligible for a tuition status change unless he/she has been domiciled within that State continuously for a period of at least twelve (12) months immediately prior to registration. For the full board policy visit www.ccsnh.edu/boardpolicies.html Click on "Student Affairs Policies" and go to section 740.01 DOMICILE AND TUITION RATE located on page 39. *International Students are Not Eligible to request a change in Residency Status.*

NAME: _____ **Student ID#** @ _____

MAILING ADDRESS | **PHONE NUMBERS**

Number and Street: _____ Primary Phone: _____ Cell Home Work

P.O. Box: _____ Secondary Phone: _____ Cell Home Work

City, State, Zip: _____ Email Address: _____

Current Program Major: _____ Degree Certificate

Please change the above named student's residency status to:

- _____ In-State
- _____ New England Region Student Program
- _____ Out of State

Required Supporting documentation

Please bring with you originals of one of the following as proof of residency:

- _____ Driver's License
- _____ Voter Registration

Student Signature: _____ **Date:** _____

For More Information contact:

Great Bay Community College Office of Admissions 320 Corporate Drive, Portsmouth, NH 03801
 Phone: : 603-427-7610 Fax: 334-6308 Email: AskGreatBay@ccsnh.edu

ADMISSIONS OFFICE USE ONLY

SAAADMS Effective Term: _____ Initials: _____ Date: _____

Updated Dec 2, 2011

REGISTRAR'S OFFICE USE ONLY

SFAREGS Effective Term: _____ Initials: _____ Date: _____ Copy To Bus. Off: _____