



West Valley College

RESIDENCY RECLASSIFICATION APPLICATION

Fax: (408) 741-4627
A&R Office: (408) 741-2001

Office Use Only

Change District Code From _____ To _____ By _____ Date ____ / ____ / ____

Request Reclassification For _____
Term Year

Name _____ Birth Date _____
Last First MI

Student's Address _____
Street Apt

_____ City State ZIP

Daytime Phone (____) _____ Email Address _____

WVC College ID # _____ or Social Security Number _____

To establish residency you are required to be a US citizen, a permanent resident, an applicant for permanent resident status, or possess a visa that allows you to establish residency.

When did your present stay in California begin? _____ / _____ / _____
Month Day Year

US Citizen Y N

If NO, Permanent Resident # or VISA Type _____ Issue Date _____

It is the burden of the student to demonstrate clearly both physical presence in California and intent to establish California residency.
You must provide a minimum of two forms of proof of residency at our Admissions Office.
Please check the documentation you will submit.

Issue Date

- _____ California Driver's License/California ID
- _____ Ownership of residential property or continuous occupancy of rented or leased property in California
- _____ Establishment and maintenance of active California bank account
- _____ Voter registration and proof of voting in California
- _____ License from California for professional practice
- _____ Active membership in service or social clubs
- _____ Presence of spouse, children, parent or other relatives in the state
- _____ Showing California as home address on federal income tax
- _____ Payment of California state income tax as resident
- _____ Possession of California motor vehicle license plates
- _____ Maintenance of permanent military address or home of record
- _____ Record of petition for a divorce in California
- _____ Other qualifying information _____

I declare under penalty of perjury under the laws of the state of California the information and documentation submitted in connection with the determination of my residency are true, complete and accurate. I understand that so long as I am a student of the West Valley-Mission Community College District, I will advise the Admissions and Records Office of any changes to my status of residence. Further, I understand falsification, withholding pertinent data or failure to report changes in residence may result in District action.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Required only if student is under 19