

RESIDENCY CHANGE REQUEST FORM

NOTE: This form should be used to request a change from out of state to in state status

@ _____
Student ID Last Name First Name

Former Address:

Street Line 1 City State Zip Code

Street Line 2

New Address: *Your address may be updated as soon as you move.*

Street Line 1 City State Zip Code

Street Line 2

Contact Info: _____

Home Phone

Cell Phone

Reason for Change of Residency Request (check all that apply)

- ☐ I am an unemancipated student whose parents are domiciled in CT.
☐ I am an emancipated student who resides within my parents and/or receive parent financial support (i.e., considered “dependent” for federal and state financial aid), and my parents are domiciled in CT.
☐ I am a dependent (spouse/child) of an emancipated person will qualify for in-state status only if the emancipated person can prove full-time employment and residency in CT for a period of six months or more.
☐ I am an emancipated/independent student stationed in CT under military orders.
☐ I am an unemancipated/ dependent student with a parent stationed in CT under military orders.
☐ Other: _____

All other students must wait at least a year before they may apply to change residency to in-state status per Sec. 10a-30(1).

Students must submit supporting documentation to prove the required residency in CT. This may include copies/ scans of signed and dated leases, mortgages, utility bills, etc. DO NOT send confidential information by email. Deliver it to Enrollment Services, use the CSCU Secure Portal: <https://cscu.easy-forward.com> to upload supporting documentation.

Decisions regarding this request will be communicated through the student’s college email address. Updates to tuition and fees may only be made for current and/or future terms/ semesters given documentation provided.

Certification:

By signing below, I affirm that I am the above-named person, and that the information provided above is true and correct.

Student Signature: _____

Date: _____

Please complete and return to One Stop Enrollment Center.

For Office Use Only:

Date Received: _____

Date Entered: _____

Entered By: _____