



Resident Application Self-Supporting Student

Please complete the following four steps to receive consideration for residency reclassification:

1. Complete the application for reclassification as a resident student and return to the Registrar's Office, Grand Valley State University, 1 Campus Dr., Allendale, MI 49401.
2. Provide copies of any other documents which support your claim of residency in Michigan for at least six months (see residence policy for examples). Applications received without documentation will not be reviewed for residency.
3. Attach a written statement that would describe the circumstances that you wish to have considered with this appeal.
4. Applications for reclassification received prior to the 11th calendar day of the semester may be considered for the current semester.

Name in Full: _____ Student Number: G- _____

Place of Birth: _____ Date of Birth: Local _____

Home Address: _____ Address: _____

Are you a citizen of the United States? ☐ Yes ☐ No If no, are you registered as an immigrant? ☐ Yes ☐ No
If yes, present immigrant identification card with this application.

I have lived at the following addresses (*list information covering at least the past six months*):

Address: _____ From: _____ To: _____

Address: _____ From: _____ To: _____

Are you married? ☐ Yes ☐ No If yes, is your spouse employed in Michigan? ☐ Yes ☐ No

What is your present means of support? _____

If entirely self-supporting, how long have you supported yourself in Michigan? _____

I (and/or my spouse) have worked for the following Michigan employers (*list information covering at least the past six months and present documentary evidence with this application*):

Employer: _____ From: _____ To: _____

Employer Address: _____ Gross Taxable Earnings: _____

Employer: _____ From: _____ To: _____

Employer Address: _____ Gross Taxable Earnings: _____

AFFIDAVIT OF STUDENT

STATE OF MICHIGAN

COUNTY _____

_____ states: that the information provided above is accurate, that they are now a resident of _____ County in the State of Michigan and have been since _____, and that they have provided their sole support through income which they have earned in the State of Michigan since _____.

Student Signature: _____ Date: _____

For Office Use Only
Date _____

Term _____ Year _____
Approve _____ Deny _____