WESTERN TECHNICAL COLLEGE
RESIDENCY DETERMINATION

NAME OF STUDENT: _____
Last First Middle Former Name

STUDENT ID NUMBER: _____ DATE OF BIRTH: _____ /_____ /_____
month day year

PRESENT ADDRESS: _____
Street

_____ (_____)_____
City State Zip Code Telephone Number

Are you a dislocated worker? Yes_____ No ____ (If yes, do not complete the next question regarding Wisconsin.)

What is the primary reason for your move to Wisconsin? _____

_____

_____

Are you financially independent of your parents/guardian? _____yes _____no
If you are claimed as a dependent for tax purpose, you are not eligible.

I certify that all the answers I have given on this form are complete and accurate to the best of my knowledge.

_____ _____ _____
Signature of Student | Signature of parent if student is under 18 years of age | Date

Note: You must provide documentation (verification of employment) to support statements of residency.

PLEASE RETURN THIS COMPLETED FORM TO:
Western Technical College
Jayne Wells, Enrollment Services
400 7th St N
La Crosse, WI 54602-0908

FOR OFFICE USE ONLY:

APPROVED_____ DENIED _____

_____ _____
Signature Date

03/10