

**CHIPPEWA VALLEY TECHNICAL COLLEGE  
RESIDENCY DETERMINATION FORM**

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Birthdate                      E-mail Address                      Phone Number

Program applying for: \_\_\_\_\_ Term & year to enter:  Summer  Fall  Winter/Spring; of year \_\_\_\_\_

1. What is/was your reason for moving into the Chippewa Valley Technical College District?  
\_\_\_\_\_

2. Are you employed?  Yes  No; If yes, how long have you been employed? \_\_\_\_\_  Part-time  Full-time  
(under 40 hrs wk) (40 hrs week)

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

3. Do you own a home or property in this district?  Yes  No      4. Did you pay Wisconsin income tax for the last taxable year?  Yes  No

5. If you are 18 years of age, where are you registered to vote? \_\_\_\_\_

6. Where have you lived the past three years?  

<u>Street</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Date From</u>	<u>Date To</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7. What do you claim as your legal residence?  City  Village  Township \_\_\_\_\_  
State

a. Is this address your permanent home?  Yes  No      b. When did you become a resident of this address? \_\_\_\_\_

8. If you drive an automobile, indicate:  
a. Driver's License Number: \_\_\_\_\_  
b. Address on Driver's License: \_\_\_\_\_  
c. License Plate Number (if you own a car): \_\_\_\_\_  
d. Address where car is registered: \_\_\_\_\_

9. High School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Last year of attendance or year of graduation: \_\_\_\_\_

10. Are you completely financially independent of your parents, relatives, etc?  Yes  No

11. If under 18: Parent or Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street                                      City/Village/Town                                      State      Zip

12. Please include a written statement (on the back of this page or attached) explaining reasons you believe qualify you for district/state residency.

All of the above statements are true to the best of my knowledge.                      Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student                                      Signature of Parent or Guardian (if student is under 18)

**Return form to:** Admissions Office, Chippewa Valley Technical College, 620 West Clairemont Avenue, Eau Claire WI 54701 or fax to Admissions Office at 715-833-6470.