

Application for Change of Residency Classification

Name			
Last	First	Middle Initial	
Address			
Number and Street	City	State	Zip Code
E-Mail Address Telepho		ne/Cell Number	
Any student who wishes to be consmust reside in the John A. Logan Coclasses, prove that they are in-distr documentation of residency. The A the first 30 days of the semester (1) residency decision by e-mail.	ollege District for at lict for non-education polication for Chang	east 30 days prior to nal purposes, and pro e of Residency must	registering for ovide be submitted within
Please check and attach a copy of collision of the lillinois driver's license, state ID Logan College District. Proof of ownership and/or lea Real estate tax statement for pleast tax statement for pleast from an in-district emple hours per week for at least 30 semester) A bank statement or utility bill A final transcript from an in-district.	o, or voter's registrations sed occupancy of a resoroperty with the John oyer on company lette days prior to the start in the name of the st	sidence in the John A. I A. Logan College Distr erhead indicating empl of the semester. (mus	ess in the John A. Logan College District. rict #530. oyment of at least 35 t be updated each et address.
I certify that based on the documer Illinois resident in the John A. Logar information may make me ineligible for any resulting change in tuition a	n College District. I u e for in-district statu	nderstand that provi	ding false
Student Signature		JALC ID Number	Date
Office Use Only:	□ Approved	□ Not Approved	
Signature			