



**Great Bay**  
Community College

320 Corporate Drive  
Portsmouth, NH 03801  
Phone: (603) 427-7610  
FAX: (603) 334-6308

Spring Summer Fall Year \_\_\_\_\_

**REQUEST for CHANGE of RESIDENCY STATUS**

**Instructions:** Complete the form and submit with the appropriate documentation to the Admissions Office.

**Deadlines:** Request must be made by: **September 1—Fall term, January 1—Spring term, June 1—Summer term**

**Residency Eligibility:** No person shall be eligible for a tuition status change unless he/she has been domiciled within that State continuously for a period of at least twelve (12) months immediately prior to registration. For the full board policy visit [www.ccsnh.edu/boardpolicies.html](http://www.ccsnh.edu/boardpolicies.html) Click on "Student Affairs Policies" and go to section 740.01 DOMICILE AND TUITION RATE located on page 39. *International Students are Not Eligible to request a change in Residency Status.*

**NAME:** \_\_\_\_\_ **Student ID#** A

**MAILING ADDRESS** **PHONE NUMBERS**

Number and Street: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Current Program Major:** \_\_\_\_\_ **Degree** **Certificate**

**Please change the above named student's residency status to:**

- \_\_\_\_\_ In-State
- \_\_\_\_\_ New England Region Student Program
- \_\_\_\_\_ Out of State

**Required Supporting documentation**

Please bring with you originals of one of the following as proof of residency:

- \_\_\_\_\_ Driver's License
- \_\_\_\_\_ Voter Registration

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The Community College System of New Hampshire (CCSNH) uses electronic signatures and records in place of traditional ones whenever possible. You will conduct business electronically using a computer with a supported operating system and internet browser, sufficient electronic storage capacity, a printer and your official CCSNH email account. By logging into CCSNH systems, including but not limited to Banner, SIS and Canvas, you are opting to conduct electronic transactions with the Community College System and consenting to receive written notices electronically, including those involving financial obligations, and you are acknowledging that CCSNH can use electronic mechanisms alone to convey critical information related to your admission, financial aid, payment plan, student account, transcript information, registration and other activities and accounts you may undertake or have as a student at CCSNH. You have a right to request a paper copy of an electronic record. You may withdraw your consent at any time by contacting Student Services. If you decide to withdraw your consent, however, you may be prevented from registering for classes.

**For More Information contact:**

Great Bay Community College Office of Admissions 320 Corporate Drive, Portsmouth, NH 03801

Phone: : 603-427-7610 Fax: 334-6308 Email: [AskGreatBay@ccsnh.edu](mailto:AskGreatBay@ccsnh.edu)

<b>ADMISSIONS OFFICE USE ONLY</b>		<i>Updated 3/30/20</i>	
SAAADMS	Effective Term: _____	Initials: _____	Date: _____
<b>REGISTRAR'S OFFICE USE ONLY</b>			
SFAREGS	Effective Term: _____	Initials: _____	Date: _____
			Copy To Bus. Off: _____