WYTHEVILLE COMMUNITY COLLEGE
IN-STATE TUITION REQUEST
FOR WEST VIRGINIA RESIDENTS

Name: _____
FIRST *MIDDLE* *LAST* *(FORMER NAME)*

Student ID#: _____ ***Date of birth:*** _____ ***Last 4 of SSN:*** _____

Mailing Address: _____

_____

Email Address: _____ ***Phone Number:*** _____

By completion of this form, I certify that I am a legal resident in the following county:

- ☐ Greenbrier County
- ☐ Mercer County
- ☐ Monroe County
- ☐ Pocahontas County
- ☐ Summers County

Documentation of a home address in the county selected must be provided (i.e. Driver's License, State Issued ID, Utility Bill in Student's Name, etc.) Documentation may be emailed to: admissions@wcc.vccs.edu or faxed to 276-223-4860. *Parent's information may be used if student is under 24 years of age.*

STUDENT SIGNATURE:

_____ Date _____

PARENT SIGNATURE (if applicable):
I certify that my child is a full time resident in my home in the county indicated above.

_____ Date _____

ADMISSIONS OFFICE USE ONLY:

☐ Approved Term: _____ Admissions Staff: _____

☐ Changed in SIS Date: _____ Admissions Staff: _____