

Adams Center
401 North Main Street
Adams, WI 53910
Phone: 608.339.3379 Fax: 608.339.9625
TTY: 608.339.5117

Marshfield Campus
2600 West Fifth Street
Marshfield, WI 54449
Phone: 715.387.2538 Fax: 715.389.2864
TTY: 715.387.3696

Stevens Point Campus
933 Michigan Avenue
Stevens Point, WI 54481
Phone: 715.344.3063 Fax: 715.342.3134
TTY: 715.342.3135

Wisconsin Rapids Campus
500 32nd Street North
Wisconsin Rapids, WI 54494
Phone: 715.422.5300 Fax: 715.422.5561
TTY: 715.422.5456

Name: _____ Birth date: ____/____/____ Social Security #: _____	
Program applying for: _____ Term and year to enter: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter/Spring Year: _____	
Are you here on a visa: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please complete the following) A copy of your visa is required along with this completed form. If you are married to a US Citizen, a copy of your marriage certificate is required along with this completed form. A copy of your refugee documents and admission number is required along with this completed form.	
Visa type: _____ Visa number: _____	
Do you have a Permanent Resident Card or have you submitted an I-485 form to USCIS: <input type="checkbox"/> Yes <input type="checkbox"/> No A copy of your green card or submitted I-485 is required along with this completed form.	
What is/was your reason for moving into the Mid-State Technical District: _____	Do you rent, own a home or property in this district: <input type="checkbox"/> Yes <input type="checkbox"/> No
What do you claim as your legal residence: ~ Address (Street, City, State & Zip): _____ <input type="checkbox"/> City _____ <input type="checkbox"/> Village _____ <input type="checkbox"/> Township _____	Are you employed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long have you been employed: _____ <input type="checkbox"/> Part-time (under 40 hours per week) <input type="checkbox"/> Full-time (40 hours per week)
Is this address your permanent home: <input type="checkbox"/> Yes <input type="checkbox"/> No When did you become a resident of this address: _____	Employer's Name: _____ Employer's Phone: _____ Employer's Address: _____
Where have you lived the past three years ~ Address (Street, City, State, Zip & County): 1.) _____ From: ____/____/____ To: ____/____/____ 2.) _____ From: ____/____/____ To: ____/____/____ 3.) _____ From: ____/____/____ To: ____/____/____	Do you drive an automobile, indicate: Drivers License Number: _____ Address on Drivers License: _____ License Plate Number (if you own a car): _____ Address (Street, City, State, Zip & County) where car is registered: _____ _____
Did you pay Wisconsin income tax for the last taxable year: <input type="checkbox"/> Yes <input type="checkbox"/> No Did you list the address of your legal residence on your return: <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are 18 years of age, where are you registered to vote: _____ _____
High School Attended: _____ City: _____ State: _____ Year of Graduation: _____ GED/HSED Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Received: _____	Are you completely financially independent of your parents, relatives, etc.: <input type="checkbox"/> Yes <input type="checkbox"/> No If you are under 18 years of age, please complete the following: Parent(s) or Guardian(s) Name: _____ Address (Street, City, State, Zip & County): _____ _____

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

I certify that all of the above information is true to the best of my knowledge and understand that if the information is found to be inaccurate, I am responsible for paying any additional fees associated with my education at the college. I understand that this form does not indicate acceptance to MSTC for enrollment in classes.

Signature of Student

Signature of Parent/Guardian (if student is under 18)

Date

Return form to:
Admissions Office
Mid-State Technical College
500 32nd Street North
Wisconsin Rapids, WI 54494

Your tuition rate will be equal to that of an out of state student until MSTC receives a completed form, copies of the required documents and two of the following items to confirm your Wisconsin residency.

- A copy of your Wisconsin Driver's License
- A copy of your state of Wisconsin Income Tax form – do not include schedules.
- A copy of your Wisconsin Voter Registration card.
- A copy of your Wisconsin vehicle registration.
- A copy of your last pay stub from your Wisconsin employer.
- A letter from your employer verifying your Wisconsin employment