



## Residency Verification Process

Health Science Program Applicants

### Priority Admission Preference Policy

Preference for admission to Limited Enrollment Health Science Programs is given to residents of District 502 who meet the stated minimum acceptance criteria for the program.

Priority for admissions will be given in the following order:

- a) In-district applicants
- b) Out-of-district applicants working full-time in-district (proof of in-district employment will be required each semester)
- c) Out-of-district applicants, students with a cooperative agreement, and international students

### In-District Applicants

Students who live within Community College District 502 for at least 30 days prior to the Health Science program application deadline date are classified as in-district residents of the College of DuPage district. Visit [cod.edu/residency/](http://cod.edu/residency/) to determine if you reside in District 502.

You can also contact the Office of Student Registration Services located in the Student Services Center (SSC), Room 2221, (630) 942-2377 or e-mail [registration@cod.edu](mailto:registration@cod.edu)

### Verification Requirement

In accordance with the *Priority Admission Preference Policy*\* stated above, all qualified applicants to Limited Enrollment Health Science programs are given priority for admission consideration based on their current residency status as of the program admission deadline date. **All students** applying to a Limited Enrollment Health Science program must complete and return page 4 of this form along with the **required documentation** as defined below by the program application deadline date. Failure to return this form will prevent the applicant from being considered for the Health Science program for which they are applying.

\*The following programs are excluded from this policy:

- Paramedic Program
- Anesthesia Technology Program

## Proof of Residency

All applicants must provide a valid Driver's License or State I.D. card with a current address **AND** one other original item from the list below to be considered as an in-district applicant. The student's name, address and a current date must be printed on each item. The two items must demonstrate that the student lived in an in-district address for at least 30 days prior to the Health Science program application deadline date.

### *Documents Required:*

Valid Driver's License, or State Identification Card, or TVDL (Temporary Visitor Driver's License) with current address. A student may also submit a valid secure paper Temporary Driver's License or State ID from the Illinois Secretary of State.

AND

One of the following:

1. Current lease (signed by both lessee and lessor with contact phone number for verification) along with a copy of cancelled check used for rent payment (dated within a 30-day period).
2. Real Estate Closing Package (dated within a 30-day period).
3. \*\*Bank Statement (dated within a 30-day period).
4. \*\*Utility Bills (electric, water, refuse, telephone land/cell, cable or gas) dated within a 30-day period.
5. Current Insurance Policy
6. \*\*Insurance Billing Statement (Medical, Auto or Home dated within a 30-day period).
7. Current Vehicle Registration Card
8. Current Property Tax Bill
9. Paycheck stub (dated within a 30-day period).

*\*\*Students may submit an official online printout of these documents as long as they are printed directly from the institution's website. The printout must include ALL pages.*

Students can submit documentation along with a signed copy of the Residency Verification Form (page 4) to the **Office of Student Registration Services**, Student Services Center (SSC), Room 2221, via fax at (630) 942-2878 fax, or via e-mail at [registration@cod.edu](mailto:registration@cod.edu). Students can call (630) 942-2377 with any questions regarding Residency Verification.

The College reserves the explicit right to request additional documentation from the applicant if deemed necessary. The Office of Student Registration Services will make the final determination on residency status.

### **Out-of-District Applicants Working Full-Time In-District**

Students whose legal residence is outside Community College District 502, but are employed for a minimum of 35 regularly scheduled hours per week within District 502, may be entitled to receive second-tier priority admissions.

To be considered for the work-in-district residency classification, a student must provide the following **TWO** documents for each semester:

1. A letter from the employer located within District 502.

The letter must:

- a. Be written on official company letterhead.
  - b. Include the company name, in-district address, phone number and e-mail address.
  - c. Include the student's name, address and social security number or College of DuPage student ID number.
  - d. Include a start date with the company and it must be on or before the start of the academic term.
  - e. Include a statement indicating that the student is a full-time employee working a minimum of 35 regularly scheduled hours per week.
  - f. Be **signed** and **dated** by a supervisor, owner, or a human resources representative at the company.
  - g. Include a company phone number to verify employment.
2. A copy of a recent paystub or earnings statement issued by the company to the student and dated within 30 days.

The College reserves the explicit right to request additional documentation from the applicant if deemed necessary. The Office of Student Registration Services will make the final determination on residency status.

### **Out-of-District Applicants and International Students**

If an applicant either resides outside of Community College District 502, is an International Student, OR has a residency status other than those listed above, then they must return a signed copy of this form, marking the appropriate box to confirm their residency status to the Office of Student Registration Services, Student Services Center (SSC) 2221.

**Important Note: If the signed form below and required documents are not submitted by the program application deadline date and/or do not meet the guidelines above as determined by the College, the applicant will not be considered for admission to the Health Science program to which they are applying.** In addition, if information provided through the residency verification process is deemed to be purposely altered or falsified, this may be grounds for denial to the program to which the student is applying at the discretion of the College.

# College of DuPage

## Residency Verification Form

### Health Science Program Applicants

Applicants must complete this form and return it to the Office of Student Registration Services by the Health Science program application deadline date for the program to which you are applying. Return this form along with all the required documentation in order to be considered for priority admission to Limited Enrollment Health Science programs. A separate form and any required documentation must be turned in for each Health Science program to which you apply. DO NOT return this form until **after** you have completed the [College of DuPage Health Science program application](#).

Submit documentation along with a signed copy of this form to the following department:

**Office of Student Registration Services**

- **In- Person:** Student Services Center (SSC), Room 2221
- **Mail:** Registration Services 425 Fawell Blvd, Glen Ellyn, IL 60137
- **Fax:** (630) 942-2878
- **E-mail:** [registration@cod.edu](mailto:registration@cod.edu)

\_\_\_\_\_  
Applicant Full Name (Please Print)

\_\_\_\_\_  
7 Digit COD ID Number

\_\_\_\_\_  
Name of the program to which you are applying

**CHECK ONE OF THE FOLLOWING:**

**In-District Applicant:** I am requesting to be considered as an in-district applicant for the program to which I am applying. I am providing the required proof as indicated in page 2 of this document.

**Out-of-District Working Full-Time In-District Applicant:** I am requesting to be considered as an out-of-district applicant working full-time in-district. I am providing the required proof as indicated in page 3 of this document.

**Out-of-District Applicant:** I understand that I will be considered for admission after any qualified in-district and work-in-district applicants.

**International Student Applicant:** I understand that I will be considered for admission after any qualified in-district, work-in-district applicants, and out-of-district applicants. Visa Type: \_\_\_\_\_

*By signing below, I verify that the residency status and any supporting documents are accurate to the best of my knowledge. I understand that if any information provided through the residency verification process is deemed to be purposely altered or falsified, this may be grounds for denial to the program. The College reserves the explicit right to request additional documentation from the applicant if deemed necessary. The Office of Student Registration Services will make the final determination on residency status.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Registration Office Use Only:**

**Documentation has been verified for the following residency status:**

In-District (2 proofs of residency approved)

Work-in-District (letter from employer approved)

This is also a Change of Address

Registration Approval Date Stamp: