



## Residency Verification Process

### Health Career Program Applicants

#### Priority Admission Preference Policy

Each program with out-of-district clinical sites (see list of participating programs below) may admit a maximum of 20% of out-of-district applicants to the program, based on merit. The 20% maximum policy would only apply to out-of-district applicants who do **not** have access to a particular program in the community college district in which they reside. Students coming from districts with a particular program within their district would only be considered if there were open seats after all qualified candidates from in-district and out-of-district without programs were accepted.

If there are insufficient numbers of qualified in-district applicants, the maximum percentage of out-of-district students accepted can be exceeded until the program achieves full enrollment, with the approval of the Dean of Nursing & Health Sciences.

#### Priority for admissions will be given in the following order:

- a. In-District applicants
- b. Out-of-District who are part of the [CAREER Consortium Agreement](#) (meaning your residing community college does not offer the particular program in which you are applying)
- c. Out-of-District applicants working full-time in-district (proof of in-district employment will be required each semester)
- d. Out-of-District applicants (who are not part of the CAREER Consortium Agreement) including those students with a joint or chargeback agreement and International students

#### Verification Requirement

In accordance with the *Priority Admission Preference Policy*\* stated above, all qualified applicants to Selective Enrollment Health Career 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 Selective Enrollment Health Career program must complete and return page 5 of this form along with the required documentation as defined below by the program application deadline date. Failure to return this form may prevent the applicant from being considered for the Health Career program for which they are applying.

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.

**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 may not be considered for admission to the Health Career 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.

## In-District Applicants

Students who live within Community College District 502 for at least 30 days prior to the Health Career 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 Records and Registration Services** by calling (630) 942-2377 or e-mailing [registration@cod.edu](mailto:registration@cod.edu)

Students are required to submit the below documentation along with a signed copy of the **Residency Verification Form** (page 5) to the **Office of Student Records and Registration Services** via e-mail at [registration@cod.edu](mailto:registration@cod.edu) from their @dupage email address.

Students 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 change residency from out of district, or out of state to in-district prior to the application deadline date.

- The student's name, address, and a current date must be printed on each item
- The two items must demonstrate that the student has lived in the in-district address for 30 days **PRIOR** to the program application deadline date.
- Residency adjustments will not be considered for the current term after midterms.
- See the [Enrollment Calendar](#) for current dates.
- Students who obtain residency within the district for reasons other than attending College of DuPage are exempt from the 30-day requirement.

### Required

Valid Driver's License or State I.D. card with current address

### AND

#### One of the following:

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

All proofs of residency are subject to verification. Students should submit documentation to [registration@cod.edu](mailto:registration@cod.edu) (Office of Student Records and Registration Services) from their @dupage.edu email.

## **Out-of-District Applicants Part of the Career Consortium**

College of DuPage is a member of the Comprehensive Agreement Regarding the Expansion of Educational Resources (CAREER), an agreement that provides expanded educational services with 38 other community colleges in Illinois.

Members of the CAREER consortium offer in-district tuition rates and in-district preference for admission for select Health Career programs. Under the agreement, out-of-district students can apply to one of College of DuPage Health Career programs participating listed below that may not be available through their area community college.

To be eligible to receive in-district tuition rates under the CAREER Consortium, you must submit an authorization letter from your community college allowing you to attend College of DuPage for the program of study they do not offer.

### **Colleges listed below are members of the CAREERS consortium:**

- Black Hawk College
- Carl Sandburg College
- City Colleges of Chicago
- College of DuPage
- College of Lake County
- Danville Community College
- Elgin Community College
- Heartland Community College
- Highland Community College
- Illinois Eastern Community College
- Illinois Central College
- Illinois Valley Community College
- John A. Logan College
- John Wood Community College
- Joliet Junior College
- Kankakee Community College
- Kaskaskia College
- Kishwaukee College
- Lake Land College
- Lewis and Clark Community College
- Lincoln Land Community College
- McHenry County College
- Moraine Valley Community College
- Morton College
- Oakton Community College
- Parkland College
- Prairie State College
- Rend Lake College
- Richland Community College
- Rock Valley College
- Sauk Valley Community College
- Shawnee Community College
- South Suburban College
- Southeastern Community College
- Southwestern Illinois College
- Spoon River College
- Triton College
- Waubensee Community College
- William Rainey Harper College

### **College of DuPage Health Career programs participating:**

- Computed Tomography
- Health Information Technology
- Magnetic Resonance Imaging Technology (MRI)
- Mammography
- Nuclear Medicine (DMIN)
- Nursing (ADN)
- Physical Therapist Assistant (PTA)
- Proton Therapy
- Radiation Therapy
- Radiography (DMIR)
- Respiratory Care
- Sonography (Ultrasound) (DMIS)
- Speech Language Pathology Assistant (SLPA)
- Surgical Technology

### **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 can be given work in-district classification by providing the proof below.

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 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

Students can submit the letter and pay stub in person, by e-mail, through mail, or via fax to the Office of Student Registration Services (**see Contact Information below**) during the term of request (will not be considered after midterm). The final determination on residency status will be made by the Office of Student Registration Services.

### **Out-of-District Applicants (Not part of Career Consortium), International & Others**

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, by e-mailing [registration@cod.edu](mailto:registration@cod.edu).

**College of DuPage**  
**Residency Verification Form**  
**Health Career Program Applicants**

Complete this form and return it to the Office of Student Registration Services by e-mailing it to [registration@cod.edu](mailto:registration@cod.edu) by the Health Career program application deadline date for the program to which you are applying. Return this form along with required documentation in order to be considered for priority admission to the selective enrollment Health Career programs. A separate form and any required documentation must be turned in for EACH Health Career program to which you apply. DO NOT return this form until after you have completed the [College of DuPage Health Career program application](#).

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

\_\_\_\_\_  
COD ID #

\_\_\_\_\_  
Health Career program to which applicant has applied:

**CHECK ONE OF THE FOLLOWING:**

☐ **In-District Applicant:** I wish to be considered as an in-district applicant for the program to which I am applying. I am providing proofs of residency.

**Out-of-district Applicant: (choose one)**

☐ I wish to be considered as an out-of-district applicant working full-time in-district. I am providing a letter from my employer certifying that I am employed full-time.

**OR**

☐ I am an out-of-district applicant and NOT part of the CAREER Consortium on page 3

**OR**

☐ I am an out-of-district applicant and part of the CAREER Consortium on page 3 (EXCLUDES Dental Hygiene) (Meaning my community college does not offer the program I am applying to). My community college's name is \_\_\_\_\_. College of DuPage will verify your home community college does not offer the program you are applying. (NOTE: You MUST fill in your community college's name otherwise; we cannot consider you as part of the Consortium agreement. **\*\*See page 3 for instructions regarding tuition procedure\*\***)

☐ **International & Other Student Applicant:** I am an International Student or have a residency status other than above.

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.

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

**For Registration Office Use Only:**

Documentation has been verified for one of the following residency statuses:

- \_\_\_\_\_ In-District (Proof of residency approved)  
\_\_\_\_\_ Work-in-District (letter from employer approved)  
\_\_\_\_\_ Consortium (college verified)

Registration Approval Date  
Stamp: