

Once completed, submit this form and all required documentation by the appropriate deadline to:
OhioResidency@uakron.edu – or – in person to the Office of the University Registrar in Simmons Hall
Submission Deadlines: Fall: August 15; Spring: December 15; Summer: May 1

Name: _____ Student ID No.: _____ Date of Birth: _____

UA Email: _____ Phone No.: _____

1 Semester that you are requesting residency reclassification: _____

2 Select the box of the guideline that you are requesting residency reclassification:
 C1 C2 C3 C4 C5 E1 E2 E3 E4 E5 E6 E7 E8
 See the Residency Classifications section for detailed information on the guidelines and required documentation

3 Are you a citizen of the United States: Yes No If no, what type of visa do you hold? (Attach copy of visa)
 Permanent Resident Alien (attach copy) Student Visa Other (specify): _____
 See the International Students section for eligibility criteria

4 In what state are you registered to vote: _____ (attach copy of Ohio voter registration card)

5 Have you filed an Ohio personal income tax statement for the past 12 months: Yes (attach copy) No

6 Do you have an Ohio driver's license: Yes (attach copy) No Do you own or have use of a car: Yes No
 Is it currently registered in Ohio: Yes (attach copy) No Is it titled in your name: Yes No
 Do you have car insurance: Yes (attach copy) No Is this your insurance policy: Yes No
 If insurance is not in your name, name/relation of person under whom you are covered: _____

7 Residences: In chronological order (listing present address first), indicate where you have lived beginning one year preceding the date you began living in Ohio through the present. (Attach documentation showing you have lived in Ohio for the past 12 months):

- Dates from _____ to Present
 MM/DD/YYYY Street Address City State Zip
- Dates from _____ to _____
 MM/DD/YYYY MM/DD/YYYY Street Address City State Zip

8 Sources of Income: Document and attach copies of all your sources of income received for the past 12 months. Sources include but are not limited to: employment, savings, loans, grants, scholarships, graduate assistantships, financial aid, fee waiver, VA benefits, Social Security benefits, spouse's employment, etc. (attach a list if more space is needed)

Source 1 _____ Dates from _____ to _____
 Yours Others _____ State _____ Amount \$ _____

Source 2 _____ Dates from _____ to _____
 Yours Others _____ State _____ Amount \$ _____

9 If you are not entirely self-supporting, who claimed you as an exemption on the past year's federal income tax return:
 Self Other Name _____ Year _____ Relationship _____ State _____
 Will this person claim you on the next year's tax return? Yes No

10 Expenditures: Enter the dollar amount for your expenditures for the 12-month period preceding the semester of enrollment you are requesting reclassification:

Fees (tuition)	\$	Auto Insurance	\$	Food	\$	Travel	\$
Books/Supplies	\$	Other Insurance	\$	Rent/Housing	\$	Other	\$
Utilities	\$	Credit Card	\$	Auto Payment	\$	GRAND TOTAL	\$

I certify to the best of my knowledge the information herein is true. I understand that any misrepresentation of facts could cause for refusal of admission, cancellation of admission or suspension from the University if discovered subsequently.

 Your signature

 Date

FOR OFFICE USE ONLY: Residency Granted Residency Denied Initials and Date: _____
 C1 C2 C3 C4 C5 E1 E2 E3 E4 E5 E6 E7 E8