

Residency Petition Form



Return To:

Office of the University Registrar
 The University of Akron Phone: (330) 972-8300
 Akron, OH 44325-6208 Fax: (330) 972-6097
 Email: OhioResidency@uakron.edu

Instructions

Please read and carefully consider all of the questions before answering. This petition **must** be submitted and approved prior to the first day of classes of the academic term you desire reclassification to be effective. **Retroactive residency determinations cannot be made for tuition surcharge purposes.**

Please Print

Name (use legal name) _____
Last First Middle Maiden

Student ID Number or Last 4 digits of Social Security Number _____

Date of Birth _____ Marital Status: Single Married
Month Day Year Month Year

Present Address _____
Number and street City State Zip

Date present address established _____ **Date entered Ohio** _____
Month Day Year Month Day Year

Telephone number () () ()
Home Business Cell

E-Mail address _____

History of residence for 24-month period preceding above address

Number and Street	City and State	From: Month and year	To: Month and year

Please indicate year of:

First term in attendance at The University of Akron Fall _____ Spring _____ Summer _____

Term for which residency is requested Fall _____ Spring _____ Summer _____

Main campus Wayne campus

Do you have a drivers license? Yes No

Is it from Ohio? (please attach photo copy) Yes No

Do you own or have use of a car? Yes No

Is it currently registered in Ohio? Yes No

Do you have a driver's license from any other state? Yes No

If so, where? _____

Indicate your Selective Service registration number below
 Not applicable

_____ In what state are you registered to vote?

Have you registered to vote outside Ohio within the past 12 months? Yes No

Are you a citizen of the United States? Yes No If no, please answer the following questions

If no, what type of visa do you hold? Permanent resident alien Student Other _____

If permanent resident alien, **ATTACH COPY (FRONT AND BACK) OF GREEN CARD.**

Permanent resident alien number A-_____ Date issued _____

FIRST NAME

LAST NAME

Please Print

List all sources of financial support received during the 12-month period preceding enrollment and your current financial sources (e.g. employment, spouse's employment, parents, loans, savings, etc). Please attach supporting documentation.

Have you filed an Ohio personal income tax statement for the past 12 months? Yes No
Who claimed you as an exemption on the past year's federal income tax return? Self Other

Name	Relationship	Year	
Address	City	State	Zip

Will this person claim you on the next year's tax return? Yes No

Substantiate by attaching photo copy of page showing dependent section of latest tax form. Also substantiate residency of person declaring you as an exemption by verifying he or she has lived in Ohio the past 12 months.

Use this space for any comments you wish to make to support your validation of Ohio residency.

Cite the specific section of these regulations under which you qualify for residency and briefly explain why. Include and/or attach any official documents you feel are pertinent.

With the signing and submission of this document, I hereby verify my status as a bona fide resident of the State of Ohio as defined by the Board of Trustees of The University of Akron for the purposes of assessing tuition and fees.

I certify to the best of my knowledge the information herein is true. I understand that any misrepresentation of facts on this application could be cause for refusal of admission, cancellation of admission or suspension from the University if discovered subsequently. Yes No

Date Signature

For Office Use Only

[] Residency granted or [] denied Was residency granted on a conditional basis? Yes No
[] C1 [] C2 [] C3 [] C4 [] E1 [] E2 [] E3 [] E4 [] E5 [] E6 [] E7 [] E8
Received by: _____
Date: _____