

Once completed, submit this form and all required documentation by the appropriate deadline to:  
[OhioResidency@uakron.edu](mailto: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 be 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