

Immediate Residency Application

REGISTRAR'S OFFICE

University of Cincinnati PO Box 210060, Cincinnati, OH 45221-0060 Telephone: 513-556-9900; Fax: 513-556-8000

E-mail: registrar.info@uc.edu

Under *Ohio Administrative Code* 3333-1-10 (C) (3), a student is eligible for "Immediate Residency" if the student documents that he or she is: "A dependent student of a parent or legal guardian, or the spouse of a person who, as of the first day of a term of enrollment, has accepted full-time, self-sustaining employment and established domicile in the state of Ohio for reasons other than gaining the benefit of favorable tuition rates."

I.	Student Applicant's Information						
Last Name: UCID: Date of Birth:		E-mail Address:					
				Cu	rrent Address:	(Number and street)	
				City		State/Country	Zip
•	rm & Year Residency Requested: Autumn:	·					
II.	Attach all of the following documen	ts (form will not be revie	ewed without documents)				
•	A copy of leases or deeds establishing that both you and your spouse/parent(s) are residing in Ohio;						
•	A letter from your spouse/parent's employer printed on that organization's letterhead stationary affirming your spouse/parent' full-time employment <i>and</i> specifying the date that your spouse/parent was transferred or hired;						
•	A copy of your spouse/parent's pay-check stub showing year-to-date earnings and Ohio tax withholding;						
•	If you have lived in Ohio for more than thirty (30) days, a copy of your Ohio driver's license or State of Ohio state ID card;						
•	If you are not a U.S. citizen, attach a copy of your Passport with Visa code or attach a copy of your Permanent Resident card						
•	A dependent must also attach a copy of the 1 st page of your parent's most recent Federal Income Tax form establishing that your parent(s) claimed you as a financial dependent; I acknowledge that a false statement on this application or any documents submitted will subject me to a nullification of the Ohio resident classification and the assessment of out-of-state tuition for current and future enrollments and retroactively to the first term of my enrollment as an Ohio resident for-tuition-purposes.						
Signature:		Date	Date:				
Re (U	turn this form and all supporting do niversity Pavilion 2 nd Floor), or mail University of Ci	to:	Student Services Center				

The residency reclassification application and all supporting documentation **must** be received by the One Stop Student Services Center or the Office of the Registrar **three full weeks prior to the 1st day of classes** of the academic quarter or semester for which you are applying for residency reclassification.

Office of the Registrar - Attn: J. Paul

Cincinnati, Ohio 45221-0060

PO Box 210060