

# Forever Buckeye Petition Form



## Return To:

Office of the University Registrar  
The University of Akron  
Akron, OH 44325-6208  
Email: registrar@uakron.edu

Phone: (330) 972-8300

## 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 Four Digits of SSN: \_\_\_\_\_

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 \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If no, please indicate your type of visa: \_\_\_\_\_

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

Permanent resident alien number: A-\_\_\_\_\_ Date issued \_\_\_\_\_

## 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  Other University of Akron campus

Supporting documents with your application:

- Official High School transcript, with graduation date (**Please note:** A copy of a high school diploma is not sufficient evidence of high school graduation. An Ohio high school does not include GED or home school.)

Submit one of the following to support establishment of primary residence

- copy of lease
- rental agreement
- notarized affidavit establishing domicile
- Utility bills

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.

Agree  Disagree Date \_\_\_\_\_ **X** Signature \_\_\_\_\_

## For Office Use Only

[ ] Granted or [ ] Denied Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
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