

# Residency Petition Form



**Return To:**

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

Phone: (330) 972-8300  
 Fax: (330) 972-6097

**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

Social Security Number/Student ID 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.

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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

If 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.

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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.

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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 **X** 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: \_\_\_\_\_