

**Review the Following Policy Information Prior to Completing this Form**

A reciprocity agreement exists between the State of Kentucky's Maysville Community College and University of Cincinnati-Clermont College. Under this agreement, residents of the following Kentucky counties are eligible to enroll at University of Cincinnati-Clermont College for UC-Clermont College programs:

- Bracken
- Lewis
- Mason
- Robertson

Currently no UC-Clermont College programs are excluded under this agreement. The term "program" may mean a workshop, a certificate program or an associate degree, but the "program" must be a workshop, certificate or degree offered by UC-Clermont College. This agreement does not extend to any other programs offered at other campuses of the University of Cincinnati.

Students residing in an eligible Kentucky county **must initiate** the reciprocity eligibility review process by submitting this form and supporting documentation verifying their residence in one of the eligible counties. Documentation may include a driver's license, vehicle registration, proof of voter registration, most recent state income tax form, and a lease or property deed.

**This application and all supporting documents should be submitted at least two weeks prior to the start of the term for which you are enrolling, but no later than the first day of classes for that term.** Documentation received after the start of the term will be processed for the following term. Faxed copies will not be accepted. The Registrar's Office may require additional documentation prior to making a determination regarding your metro rate eligibility.

**Section I. General Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

UCID or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM-DD-YY

Country of Citizenship: \_\_\_\_\_ If not a U.S. citizen, indicate current Visa type: \_\_\_\_\_

Term and Year for which you are applying for Kentucky Reciprocity: \_\_\_\_\_  
Quarter and Year

Currently Enrolled at UC? \_\_\_ Yes \_\_\_ No Admitted to which UC College: \_\_\_\_\_

Major Program: \_\_\_\_\_ Degree Pursued: \_\_\_\_\_ Associate \_\_\_\_\_ Bachelor

Marital Status: \_\_\_ single \_\_\_ married \_\_\_ divorced

If married, spouse's name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

**Section II: Address Information**

List your personal residence addresses for the past two (2) years:

From \_\_\_\_\_ to the present date.  
Month & Year

From \_\_\_\_\_ to \_\_\_\_\_  
Month & Year Month & Year

Street Address

Street Address

City, State & Zip

City, State & Zip

County

County

Telephone Number

Telephone Number

### Section III: High Schools and Previous Colleges Attended

#### A. High school(s) Attended

_____	Attended From: _____	To: _____	Diploma Received? _____
High School's Name	Month/Year	Month/Year	Yes or No
_____	Attended From: _____	To: _____	Diploma Received? _____
High School's Name	Month/Year	Month/Year	Yes or No

#### B. Previous College(s) Attended

_____	Attended From: _____	To: _____	Degree Received? _____
College's Name	Month/Year	Month/Year	Yes or No
_____	Attended From: _____	To: _____	Degree Received? _____
College's Name	Month/Year	Month/Year	Yes or No

### Section IV: Financial Information

What is the current source of your financial support?  parent or legal guardian  spouse  myself

If you receive financial support from a parent or legal guardian, please provide their information:

_____	_____
Parent or Legal Guardian's Name	Parent or Legal Guardian's Name
_____	_____
Street Address	Street Address ("Same" is acceptable, if accurate)
_____	_____
City, State & Zip	City, State & Zip
_____	_____
County	County
_____	_____
Telephone Number	Telephone Number

Are you claimed as a dependent on your parent(s)' most recent federal or state tax return?  Yes  No

If "no", what was the last year that one or both parents did claim you? \_\_\_\_\_

What is your current employment status?  Not employed

Employed part-time at \_\_\_\_\_

Employed full-time at \_\_\_\_\_

I affirm that, to the best of my knowledge, the information I have provided on this application is accurate and true. I acknowledge that a false statement on this application 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. Additionally, I acknowledge that continued eligibility is dependent upon my matriculation in an applicable program and registration for courses applicable to my degree program. Therefore, I am aware that I will be assessed out-of-state fees if at any time I fail to meet the requirements of the Maysville / Kentucky Reciprocity agreement.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach copies of two (2) of the following documents: a) driver's license; b) vehicle registration; c) voter's registration; d) your most recent state income tax return; or e) current housing lease or property deed.

If you are the financial dependent of a parent or legal guardian, attach also a copy of the 1<sup>st</sup> page of your parent/legal guardian's most recent federal tax return (dollar amounts may be "blacked out").

Return this form and all documents to the One Stop Student Services Center (University Pavilion 2<sup>nd</sup> Floor), or mail to: University of Cincinnati, Office of the Registrar – Attn: Residency Area  
P.O. Box 210060, Cincinnati, Ohio 45221-0060