



# "The Ohio G.I. Promise" for Veterans Residency Reclassification Application

REGISTRAR'S OFFICE  
University of Cincinnati  
PO Box 210060, Cincinnati, OH 45221-0060  
Telephone: 513-556-9900; Fax: 513-556-5708  
E-mail: [registrar.info@uc.edu](mailto:registrar.info@uc.edu)

Veterans of the U.S. Armed Services, their spouses, and dependents, may qualify for immediate classification as Ohio residents for-tuition-purposes, *if* the veteran either:

- Served one or more years on active military duty and was honorably discharged or received a medical discharge that was related to the military service; or
- Was killed while serving on active military duty or has been declared to be missing in action or a prisoner of war.

Additionally, to qualify for Ohio residency-for-tuition-purposes the veteran *must also* have established domicile in Ohio as of the first day of classes for the requested academic quarter.

If the spouse or a dependent of the veteran seeks Ohio-residency-for-tuition-purposes status, *both* the veteran *and* the spouse or dependent seeking Ohio residency status *must* have established domicile in Ohio as of the first day of classes for the requested academic quarter — *except* that if the veteran was killed while serving on active military duty or has been declared to be missing in action or a prisoner of war, only the spouse or dependent seeking residency status shall be required to have established an Ohio domicile as of the first day of classes for the requested academic quarter.

## Section I. Veteran Claimant/Applicant's Information

**Note:** the veteran **must complete** Section I when requesting residency for the veteran, spouse or dependent.

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

SSN or UCID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Number and street)

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Term & Year Residency Requested:  Autumn: \_\_\_\_\_  Winter: \_\_\_\_\_  Spring: \_\_\_\_\_  Summer: \_\_\_\_\_

**Attach all of the following documents to this form (for ALL veteran, spouse/dependent applications):**

- A copy of the "Certificate of Release or Discharge from Active Duty" (i.e., DD Form 214, member 4) issued to you by the U.S. Department of Defense; and
- A copy of a lease or deed, or a Ohio driver's license or Ohio state ID, establishing that you personally reside in Ohio.

I am the veteran claimant and I have met all requirements for classification as Ohio-resident-for-tuition-purposes under the provisions codified into Ohio Revised Code 3333.31 and Ohio Administrative Code 3333-1-10.

I acknowledge that a false statement on this application will subject me and/or my spouse/dependent(s) 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 under the classification of Ohio-resident-for-tuition-purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section II. Veteran's Spouse or Dependent Information (if applicable)

**Note:** if residency is requested for the veteran's spouse or dependent, the veteran **must complete** Section I *and* also **must submit** the documents listed in Section I.

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

UCID: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Number and street)

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Term & Year Residency Requested:  Autumn: \_\_\_\_\_  Winter: \_\_\_\_\_  Spring: \_\_\_\_\_  Summer: \_\_\_\_\_

### Attach all of the following documents to this application (for spouse/dependent applications only):

- A copy of a lease or deed, or a Ohio driver's license or Ohio state ID, establishing that you personally reside in Ohio (your Ohio residence may be separate from that of the veteran claimant);
- If you are the veteran's dependent, a copy of the veteran parent's most recent Federal Income Tax form showing that he or she has claimed you as a dependent.

I am the spouse or dependent of the veteran claimant and I have met all requirements for classification as Ohio-resident-for-tuition-purposes under the provisions codified by Ohio Revised Code 3333.31 and Ohio Administrative Code 3333-1-10.

I acknowledge that a false statement on this application made either by me or the veteran claimant 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 under the classification of Ohio-resident-for-tuition-purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Return this form and all supporting documentation 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

- 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.
- The Registrar's Office **may require additional documentation** from the veteran claimant and/or the student-spouse / student-dependent **prior to making a determination** regarding the Ohio residency for-tuition-purposes eligibility.
- The Registrar's Office **will not** review this application until **both** the veteran claimant **and** the student-spouse or dependent (if they are applying for residency) have submitted both pages of this application and **all** requested documents.
- University of Cincinnati **is required to follow Ohio Board of Regents guidelines** in interpreting and applying "The Ohio G.I. Promise" and Ohio Administrative Code 3333-1-10.

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 Approved  Denied Comments: \_\_\_\_\_

Certifying Official: \_\_\_\_\_ Date: \_\_\_\_\_