



Conditional 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 (E) (1), a student is eligible for "Conditional Residency" if the student documents that he or she is "[a] person who is living and is gainfully employed on a full-time or part-time and self-sustaining basis in Ohio and who is pursuing a part-time program of instruction at an institution of higher education".

I. Student Applicant's Information

Last Name: _____ First Name: _____

UCID: _____ E-mail Address: _____

Date of Birth: _____ Telephone #: _____

Current Address: _____
(Number and street)

City State/Country Zip

Employer: _____ Immediate Supervisor: _____

Employer's Address: _____
(Number and street)

City State/Country Zip

Are you a U.S. citizen? Yes___ No___

Term & Year Residency Requested: [] Autumn:___ [] Winter:___ [] Spring:___ [] Summer:___

II. Attach all of the following documents (form will not be reviewed without documents):

- A copy of leases or deeds establishing that you are residing in Ohio;
A letter from your employer printed on that organization's letterhead stationary affirming your employment and specifying the date of your hire, your current salary, and the minimum number of hours you are required to work each week;
A copy of your most recent 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 I.D. card; and
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;

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: _____

Return this form and all supporting documents to the One Stop Student Services Center (University Pavilion 2nd Floor), or mail to:

University of Cincinnati
Office of the Registrar - Attn: J. Paul
PO 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.