

Review the Following Policy Information Prior to Completing this Form

Residents of twenty-two (22) counties in the State of Indiana who are matriculated in University of Cincinnati courses or programs (with exceptions noted below) are eligible to enroll at UC under Ohio-resident tuition rates.

Indiana counties whose residents are eligible for Indiana reciprocity are:

- | | | | |
|-------------|-------------|------------|---------------|
| • Adams | • Delaware | • Jennings | • Switzerland |
| • Allen | • Fayette | • Ohio | • Union |
| • Blackford | • Franklin | • Randolph | • Wayne |
| • Clark | • Henry | • Ripley | • Wells |
| • Dearborn | • Jay | • Rush | |
| • Decatur | • Jefferson | • Scott | |

Majors and/or programs at University of Cincinnati that are **excluded** from Indiana Reciprocity:

- all Nursing programs at all campuses, (i.e., College of Nursing, Clermont College and Raymond Walters College); and
- the College of Pharmacy's Doctor of Pharmacy (Pharm. D.) program

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 Indiana Reciprocity 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 Indiana Reciprocity: _____
Quarter and Year

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

Major Program: _____ Degree Pursued: _____
(i.e., associate, bachelors, masters, or doctoral)

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

Street Address

City, State & Zip

County

Telephone Number

From _____ to _____
Month & Year Month & Year

Street Address

City, State & Zip

County

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 Indiana 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 1st 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 2nd Floor), or mail to: University of Cincinnati, Office of the Registrar – Attn: M. Wilhelm
P.O. Box 210060, Cincinnati, Ohio 45221-0060