

Review the Following Policy Information Prior to Completing this Form

Residents of eight northern counties in the State of Kentucky who are matriculated in specific University of Cincinnati programs are eligible to enroll at UC under Ohio-resident tuition rates.

Kentucky counties whose residents are eligible for Kentucky reciprocity are:

- Boone
- Campbell
- Gallatin
- Kenton
- Bracken
- Carroll
- Grant
- Pendleton

Eligible UC Colleges and programs are as follows:

- **Clermont College:** all associate degree programs except Criminal Justice Technology;
- **College of Applied Science:** all associate degree programs plus baccalaureate programs in Culinary Arts & Science, and Horticulture;
- **College of Business:** Honors Plus program;
- **College of Design, Architecture, Art and Planning:** baccalaureate programs in Architecture, Digital Design, Urban Planning and Interior Design;
- **College of Engineering:** all undergraduate programs; and
- **Raymond Walters College:** all associate degree programs except Radiologic Technology plus the baccalaureate program in Radiation Science --- (Pre-Nursing reviewed on case by case basis).

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 Kentucky 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 Kentucky Reciprocity: _____
Term 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

_____ Street Address

_____ City, State & Zip

_____ County

_____ Telephone Number

_____ Parent or Legal Guardian's Name

_____ Street Address ("Same" is acceptable, if accurate)

_____ City, State & Zip

_____ County

_____ 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 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 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