Please read the information on the reverse side of this form.

This form must be completed and all appropriate supporting documents must be submitted prior to the deadline for consideration.

1. Student Status  □ Undergraduate  □ Graduate
2. Campus  □ Southern  □ Athens
3. Date of Birth / / 
4. Permanent Address ________________________________
5. City __________________ State _____ Zip _________
6. Kentucky county of residence:
   □ Boyd  □ Carter  □ Elliot  □ Fleming
   □ Greenup  □ Lawrence  □ Lewis  □ Mason
   □ Rowan Since: / / 

Please note the established deadlines on the reverse side of this document. Residency reclassification is never retroactive to previous quarters.

7. Indicate the appropriate quarter you are requesting reclassification:
   □ Fall 20 _____ □ Spring 20 _____ □ Summer 20 _____
8. Indicate the supporting documents you are submitting (select one):
   □ Kentucky state tax return for the previous tax year (2010 or 2011)
   or
   □ Lease or Purchase Closing Statement of the house you live in and Kentucky Driver License or Kentucky State ID card

I have read the terms of this agreement on the reverse side of this form and understand the limitations of this program.

I further certify that the information contained above is complete and accurate and understand that the submission of inaccurate information is sufficient cause for terminating both the in-state tuition benefit and my enrollment at Ohio University.

Signature ____________________________________________
Date / / 