

Veterans of the U.S. Armed Services, their spouses, and their 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 have established domicile in Ohio as of the first day of classes for the requested academic semester.

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 semester. 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 semester.

### **Veteran Claimant/Applicant's Information**

*Note: The veteran must complete page 1 when requesting residency for the veteran, spouse, or dependent.*

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

Student ID (if applicable): \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

First Term & Year Residency Requested (if applicable): ☐ Summer 20\_\_\_\_\_ ☐ Fall 20\_\_\_\_\_ ☐ Spring 20\_\_\_\_\_

**Attach all of the following documents to this form for ALL veteran, spouse, or 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
- ◇ A copy of the lease, deed, 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 an 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: \_\_\_\_\_

**If you are applying as the veteran, return this form and all supporting documentation to the Registrar's Office in C120, fax, or email (provided at top of page).**

**If you are applying as the spouse or dependent, continue to page 2.**

**Veteran's Spouse or Dependent Information (if applicable)**

*Note: If residency is requested for the veteran's spouse or dependent, **the veteran must complete page 1** and submit the documents listed above.*

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

Student ID: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

First Term & Year Residency Requested: ☐ Summer 20\_\_\_\_\_ ☐ Fall 20\_\_\_\_\_ ☐ Spring 20\_\_\_\_\_**Attach all of the following documents to this application for spouse/dependent applications ONLY:**

- ◇ A copy of a lease or deed, an Ohio driver's license, or Ohio state ID establishing that you reside in Ohio
  - *Note: 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
- ◇ If you are the veteran's spouse, a copy of your marriage license or certificate
- ◇ Documents listed on page 1 (veteran's information)

I am the spouse or dependent of the veteran claimant and I have met all requirements for classification as an Ohio resident for tuition purposes under the provisions of "The Ohio G.I. Promise" as codified by Ohio Administrative Code 3333-1-10. I acknowledge that a false statement on this application made either by me or the veteran claimant, or the veteran claimant's failure to fulfill the obligations of his/her community service, 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 documentation to the Registrar's Office in C120, fax, or email (provided at top of page).**

- The residency reclassification application and all supporting documentation must be received by the Registrar's Office by the first day of classes for the term 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 student-dependent (if they are applying for residency) have submitted both pages of this application and all requested documents.