

Forever Buckeye Petition Form



Return To:

Office of the University Registrar
The University of Akron Phone: (330) 972-8300
Akron, OH 44325-6208
Email: OhioResidency@uakron.edu

Instructions

Please read and carefully consider all of the questions before answering. This petition **must** be submitted and approved prior to the first day of classes of the academic term you desire reclassification to be effective. **Retroactive residency determinations cannot be made for tuition surcharge purposes.**

Please Print

Name (use legal name) _____
Last First Middle Maiden

Student ID Number or Last Four Digits of SSN: _____

Date of Birth _____ Marital Status: Single Married
Month Day Year Month Year

Present Address _____
Number and street City State Zip

Date present address established _____ Date entered Ohio _____
Month Day Year Month Day Year

Telephone number () () ()
Home Business Cell

E-Mail address _____

Are you a citizen of the United States? Yes No

If no, please indicate your type of visa: _____

If you are a permanent resident alien, **ATTACH COPY (FRONT AND BACK) OF GREEN CARD.**

Permanent resident alien number: A-_____ Date issued _____

Please indicate year of:

First term in attendance at The University of Akron Fall ____ Spring ____ Summer ____

Term for which residency is requested Fall ____ Spring ____ Summer ____

Main campus Wayne campus Other University of Akron campus

Supporting documents with your application:

- Official High School transcript, with graduation date (**Please note:** A copy of a high school diploma is not sufficient evidence of high school graduation. An Ohio high school does not include GED or home school.)

Submit one of the following to support establishment of primary residence

- copy of lease
- rental agreement
- notarized affidavit establishing domicile
- Utility bills

With the signing and submission of this document, I hereby verify my status as a bona fide resident of the State of Ohio as defined by the Board of Trustees of The University of Akron for the purposes of assessing tuition and fees. I certify to the best of my knowledge the information herein is true. I understand that any misrepresentation of facts on this application could be cause for refusal of admission, cancellation of admission or suspension from the University if discovered subsequently.

Agree Disagree Date _____ **X** Signature _____

For Office Use Only

[] Granted or [] Denied Processed by: _____ Date: _____
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