



MIAMI UNIVERSITY

ONE STOP

Application for Resident Classification
for Tuition Purposes

Clear photocopies of all required documentation must be submitted with application.

Office of the University Registrar
301 S. Campus Avenue
Oxford, OH 45056
Phone (513) 529-8703
FAX (513) 529-8755
Email: residency@MiamiOH.edu
MiamiOH.edu/registrar

Full Legal Name: _____
(Please Print) Last First Name Maiden or MI

Student ID _____

Date of Birth _____

Phone Number _____

E-mail address _____

1. Semester for which you are requesting reclassification as a resident _____

☐ New Student

☐ Currently enrolled student

☐ Former Student – Last Semester attended _____

2. Circle the one rule among the following Rules of Residency under which you believe you qualify.

C-1 C-2 C-3 C-4 C-5 E-1 E-2 E-3 E-4 E-5 E-6 E-7 E-8

Reason for Moving to Ohio: _____

3. Marital Status: ☐ Single ☐ Married
Month/year _____

If married, does your spouse live in Ohio? If yes, give dates

☐ Yes ☐ No From _____ To _____

Does your spouse work full-time in Ohio? ☐ Yes ☐ No

Number of dependents (including self) _____

4. Are you on active military duty in Ohio or a dependent of such a person? ☐ Yes ☐ No

5. Are you a citizen of the United States?

☐ Yes ☐ No If no, what type of visa do you hold?
(Attach Visa)

☐ Permanent resident alien

☐ Student Visa

☐ Other (specify) _____

6. In what state are you registered to vote? _____

7. Have you filed an Ohio personal income tax statement for the past twelve months?
☐ Yes ☐ No

(Attach copy of most recent return)

8. Do you have a driver's license? ☐ Yes ☐ No

Is it from Ohio? (attach copy) ☐ Yes ☐ No

Do you own or have use of a car? ☐ Yes ☐ No

Is it titled in your name? ☐ Yes ☐ No

Is it currently registered in Ohio? ☐ Yes ☐ No

Do you have car insurance? ☐ Yes ☐ No

Is this your insurance policy? ☐ Yes ☐ No

If no, name/relationship/state of person with insurance under which you are covered.
(Attach copy of insurance)

9. Dates you have lived in Ohio (choose one):

☐ Never

☐ Birth to present

☐ From _____ / _____
Month/Year to Month/Year

10. Residences: In chronological order (listing present address first) include where you have lived beginning one year preceding the date you began living in Ohio through the present. Attach appropriate documentation of Ohio addresses (e.g. apartment lease, cancelled rent checks, rent receipts, landlord's statement, settlement statement or deed).

Street address City State Zip
Dates _____ to present
Month Day Year

Occupation _____
Student/Work (If work, give name of employer)

If student: ☐ Full-time ☐ Part-time ☐ Paid Nonresident Fee

If employed: ☐ Full-time ☐ Part-time

Street address City State Zip
Dates _____ to present
Month Day Year

Occupation _____
Student/Work (If work, give name of employer)

If student: ☐ Full-time ☐ Part-time ☐ Paid nonresident fee

If employed: ☐ Full-time ☐ Part-time

Street address City State Zip
Dates _____ to present
Month Day Year

Occupation _____
Student/Work (If work, give name of employer)

If student: ☐ Full-time ☐ Part-time ☐ Paid nonresident fee

If employed: ☐ Full-time ☐ Part-time

11. Upon whom are you dependent for your financial support?

☐ **Self:** I am a financially independent. If employed full time, submit an official letter from employer verifying full-time employment and the date you started working there. If employed part time complete question 12 below.

☐ **Spouse**

☐ **Parent or Legal Guardian:** (If you have a legal guardian, submit a photocopy of the court document which proves legal guardianship.)

- a) Where do your parents live? _____
b) If in Ohio from _____ to _____
c) Did your parents claim you as a tax dependent last year? ☐ Yes ☐ No
d) Do they have a PLUS loan to help pay for your education? ☐ Yes ☐ No

If you are a dependent student: **attach photocopy** of page showing dependent section of latest tax form of the person claiming you. Also substantiate residency of person declaring you as an exemption by verifying he/she has lived in Ohio the past 12 months. Will this person claim you the next year's tax return?

☐ Yes ☐ No

Sources of Support: Explain fully your sources of money received during the past 12 months (from employment, savings, loans, GI Bills, Social Security benefits, spouse, etc.) and fully document your sources: e.g. attach copies of contracts of awards, check stubs containing your name, statement from payroll officials, W-2 forms, etc. **(Attach additional pages as needed.)**

Source: _____
Dates: _____
☐ Yours ☐ Others
State: _____
Amount in past 12 months: _____

Source: _____
Dates: _____
☐ Yours ☐ Others
State: _____
Amount in past 12 months: _____

12. Independent students applying for either Residency Rule C-2 or E-1 who are not employed full-time in Ohio, must complete this section. C-2 applicants must list all income and expenditures for the 12-month period preceding the semester of application for residency. E-1 applicants must list employment income and expenditures since (s)he has lived in Ohio. Fully document all sources of income by providing clear photocopies. If listing support in the parent/guardian or relatives/friends sections, indicate the contributor's state of residence and length of time lived there.

Income

Student's employment \$ _____
Spouse's employment _____
Savings _____
Scholarships _____
Grants _____
Loans _____
Fee waiver _____
VA benefits _____
Social Security _____
Parent/Guardian _____
 State of Residency _____
 Length of time _____
Relatives/Friends _____
 State of Residency _____
 Length of time _____
Other _____
Total \$ _____

Expenditures

Fees \$ _____
Books/Supplies _____
Food _____
Rent/Housing _____
Utilities _____
Travel _____
Clothing _____
Laundry _____
Auto payment _____
Auto insurance _____
Other insurance _____
Credit card _____
Other _____
Total \$ _____

Oath

Do not sign this statement until you are directed to do so by the Notary. A notary is available in the Office of the University Registrar.

I, _____, the undersigned, being duly sworn, deposes and says that the foregoing statements and all accompanying documents are true, correct and complete. I understand that any falsification or purposeful omission on this form could be cause for my removal from the University in accordance with Miami University's Code of Student Conduct.

Signature of Student _____ Date _____
Subscribed and sworn to before me this _____ day of _____, _____

Notarized by _____

County _____ State _____

My Commission Expires _____