

2121 Euclid Avenue, BH 116
Cleveland, OH 44115

For more information, please visit the website, call, or email:
<https://www.csuohio.edu/registrar/ohio-residency>
CALL: 216-87-5411
EMAIL: allinone@csuohio.edu

All-in-1 Enrollment Services

Ohio Residency Petition

Instructions: Please read and carefully consider all the questions before answering. This application must be submitted with supporting documents. Determine which exception category listed on pages 6-8 meets your personal circumstances and provide the information and listed documents for your chosen category. Petitions must be signed with an actual signature (by hand, stylus, or mouse). Petitions may be emailed to allinone@csuohio.edu or submitted in person to BH 116.

All students must complete sections 1 and 2, and then either section 3a or 3b.

Deadline: Petitions and all supporting documents must be received ON OR BEFORE THE LAST DAY TO WITHDRAW from classes for the semester in which you are petitioning for residency. Use the published Academic Calendar to find the Last Day to Withdraw, online at <https://www.csuohio.edu/registrar/academiccalendar>

PLEASE PRINT CLEARLY *DENOTES A REQUIRED FIELD

1. Personal Information

*Name (Legal FIRST and LAST name required):

*CSU ID: _____ *Last 4 digits of your Social Security Number: _____

*Date of Birth (mm/dd/yyyy) ____/____/_____

*Marital Status (check one): Single or Married (Marriage Date: Month _____ Year _____ Summer _____)

b) Ohio Department of Higher Education exception category

*Refer to pages 4 -

o State Identification

- *Do you have an Ohio driver license or state ID (check one)? Yes No
- *Do you have a driver license or state ID from any other state (check one)? Yes No
 - x If "Yes", where? _____

o Income, Financial Support and Expenses

- *Are you personally responsible for all your monthly expenses (check one)? Yes No
- If "Yes", please list your monthly expenses that only you pay:
 - x Rent/Mortgage: _____
 - x Utilities: _____
 - x Food/Necessities: _____
 - x Auto payments/Insurance: _____
 - x Other / Miscellaneous: _____
 - Total monthly expenses: _____

O _____ -month period preceding the start of the semester for which _____, etc.

o Tax History

- *Have you filed an Ohio personal income tax return for the past 12 months (check one)?
 - Yes No
- *Who claimed you as an exemption on the past year's federal income tax return (check one)?
 - Yourself Another Person

- * If "Another Person" please provide the following information

○ Relationship to You (check one): Parent Spouse

○ Name: _____

○ Address: _____

○ Will this person claim you on next year's tax return (check one)?

Yes No

Student Signature (Categories C1, C2, C3, C4, C7, E1, E2, E3, E4, E5, E6, E7, or E8 only)

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 Ohio Department of Higher Education for the purposes of assessing tuition and fees.

Signature _____ Date ____/__/____/13j EMC /P <</MCII

INTERNATIONAL STUDENT ELIGIBILITY & INSTRUCTIONS

If the student is financially independent:

The student must be a U.S. citizen, Permanent Resident Alien, Political Asylee, Political Refugee, or hold an A, E, G, H, I, ~~K3~~, K4, L, N, NATO, ~~O~~, P, R, S, T, TN, TD, TPS, U, or V visa to be considered for residency.

- o If the student holds a B, C, D, F, ~~J~~, ~~K~~