



OHIO
UNIVERSITY

Kentucky Tuition Reciprocity Application

Under an agreement reached by the Kentucky Council on Postsecondary Education, the Kentucky Community and Technical College Systems, the Ohio Department of Higher Education, and the Boards of Trustees at participating institutions, individuals who have been legal residents of the following Kentucky counties for the previous 12 months are eligible to receive in-state fees at Ohio University - Southern and Athens campuses only:

4. If approved for in-state fees under this agreement and you currently receive federal financial assistance, the amount of that aid will be adjusted to reflect the change in your tuition charges.
5. Should you concurrently enroll in Ohio University and another post-secondary school and receive financial assistance other than scholarships, you must inform the financial aid offices at each institution of your concurrent enrollment. Failure to do so can result in significant penalties if you are over-awarded federal financial aid.
6. To ensure appropriate billing, this form should be filed two weeks before the start of the term for which in-state tuition is being sought.

If enrolled in a flexibly scheduled course load, please contact the residency officer for the deadline specific to your enrollment.

To be considered for in-state fees under the terms of this agreement, please provide the following:

1. Completed application on the reverse of this form.
2. Copy of your Kentucky State Tax return (Form 740) for the previous tax year or if you are under 23, copy of your parent's Kentucky State Tax return listing you as their dependent.
a copy of the closing statement on your home or copy of the signed lease if you rent your home,
a copy of your Kentucky Driver License or Kentucky State Identification Card.

Questions concerning Ohio residency status for tuition purposes should be addressed to the appropriate office:

Undergraduate Admissions
120 Chubb Hall
1 Ohio University Drive

Graduate College
Grosvenor Hall 102
1 Ohio University Drive



OHIO
UNIVERSITY

**Kentucky Tuition
Reciprocity Application**

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 Permanent Address
City _____ State _____ Zip _____
- 4 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 semesters.

- 5 Indicate the appropriate term you are requesting reclassification
Fall 20 _____ Spring 20 _____ Summer 20 _____
- 6 Indicate the supporting documents you are submitting :

Kentucky state tax return (Form 740) for the previous tax year or if you are under 23, copy of your parents Kentucky State Tax return listing you as their dependent

the lease or purchase closing statement of the house you live in your Kentucky driver's license or Kentucky ID card

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

Residency applications and supporting documents have a retention period of 6 years from the term for which you are applying for in-state tuition. After 6 years, all documentation must be destroyed and is no longer available for retrieval. In some cases, you may be asked to resubmit materials validating your eligibility for in-state tuition in the case that your original documentation has been destroyed.

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 ____ / ____ / ____

Date Received: ____ / ____ / ____ Residency/Approved - Effective Term: Fall 20 ____ Spring 20 ____ Summer 20 ____ Residency/Denied Reason: _____	Reviewed By: _____ Date: ____ / ____ / ____ County Code: _____	Full Legal Name: _____ Last: _____ First: _____ Middle/Initial: _____ OH/ID #: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____
--	--	---