



"The Ohio G.I. Promise" Residency Reclassification Application

REGISTRAR'S OFFICE
Miami University, 301 S. Campus Avenue,
Oxford, Ohio 45056 Telephone: 513-529-8703;
Fax: 513-529-8755 E-mail:
residency@muohio.edu

Effective Summer Semester 2009, veterans of the U.S. Armed Services, their spouses and 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 also* 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, *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 – *except* that 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.

Section I. Veteran Claimant/Applicant's Information

Note: the veteran **must complete** Section I when requesting residency for the veteran, spouse or dependent.

Last Name: _____ **First Name:** _____

SSN or Banner ID: _____ **E-mail Address:** _____

Current Address: _____

(Number and Street)

(State/County)

Term & Year Residency Requested: Fall: _____ Spring: _____ Summer: _____

Attach all of the following documents to this form (for ALL veteran, spouse/dependent applications):

- A copy of the "Certificate of Eligibility" for G.I. Bill benefits provided by The U.S. Department of Veteran Affairs;
- A copy of a lease or deed, or a Ohio driver's license or Ohio state ID, establishing that you reside in Ohio; and

I am the veteran claimant and I have met all requirements for classification as a Ohio resident for-tuition-purposes under the provisions of "The Ohio G.I. Promise" as codified into Ohio Administrative Code 3333-1-10. I acknowledge that a false statement on this application or a failure to fulfill the obligations of my community service 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 and/or their enrollment as an Ohio resident for-tuition-purposes.

Signature: _____

Date: _____

Section II. Veteran's Spouse or Dependent Information (if applicable)

Note: if residency is requested for the veteran's spouse or dependent, the veteran **must complete** Section I *and* also **must submit** the documents listed in Section I.

Last Name: _____ **First Name:** _____

SSN or Banner ID: _____ **E-mail Address:** _____

Current Address: _____
(Number and Street)

Term & Year Residency Requested: Fall: _____ Spring: _____ Summer: _____

Attach all of the following documents to this application (for spouse/dependent applications only):

- A copy of a lease or deed, or a Ohio driver's license or Ohio state ID, establishing that you reside in Ohio (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.

I am the spouse or dependent of the veteran claimant and I have met all requirements for classification as a 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 Student Service Center (102 Campus Avenue Building), or mail to:

Miami University
Office of the Registrar – Attn: D. Othersen
112 Campus Avenue Building
Oxford, Ohio 45056

- The residency reclassification application and all supporting documentation **must** be received by the Registration Service Center or the Office of the Registrar **three full weeks prior to the 1st day of classes** of the academic semester 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 dependent (if they are applying for residency) have submitted both pages of this application and **all** requested documents.
- Miami University **is required to follow Ohio Board of Regents guidelines** in interpreting and applying "The Ohio G.I. Promise" and Ohio Administrative Code 3333-1-10.

Approved Denied Comments: _____

Certifying Official: _____ **Date:** _____