

# ***Ohio Residency Reclassification Decision Appeal***

*(Return to Records and Registration.)*

## **APPEALING YOUR OHIO RESIDENCY RECLASSIFICATION DECISION:**

The Ohio Residency Reclassification Decision Appeal process affords students currently designated as Non-Ohio Residents for Tuition Purposes the opportunity to appeal the decision made regarding their original request for reclassification. To be eligible for an appeal you must have petitioned for reclassification of your residency status for the term designated on the form.

## **THE OHIO RESIDENCY RECLASSIFICATION DECISION APPEAL PROCESS:**

1. **Examine** your denial letter and decision justification. This will help you understand why your petition was denied and what Ohio Board of Regents requirements are not met. Please consult with a representative from the Residency Office if you have any questions.
2. **Request** your appeal. Complete the attached form and provide your explanation as well as new information.
3. **Submit** the completed form along with additional supporting documentation you would like reviewed by the Ohio Residency Reclassification Decision Appeals Committee. The documentation should be that which was not submitted with your original request.

The Ohio Residency Reclassification Decision Appeals Committee meets once per semester. The decision of this committee is final. Representatives from the Residency Office do not serve on this committee.

Appeals for reclassification that are approved will be refunded the out-of-state resident portion of the tuition that has been paid for the term being appealed.

The application and documentation supporting Ohio Residency Reclassification Decision Appeal will become and remain a part of the student's permanent academic record and will not be returned.

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STUDENT'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

STUDENT ID# \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE PRESENT ADDRESS WAS ESTABLISHED RELOCATED TO OHIO (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE ENTERED OHIO (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

SEMESTER AND YEAR RECLASSIFICATION WAS REQUESTED: SPRING 20\_\_\_\_ SUMMER 20\_\_\_\_ FALL 20\_\_\_\_

**PLEASE EXPLAIN BELOW:** \_\_\_\_\_  
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**IF YOU ARE ATTACHING ADDITIONAL DOCUMENTS, PLEASE EXPLAIN THE DOCUMENTATION:** \_\_\_\_\_  
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**ATTACH ADDITIONAL DOCUMENTS, NOT PROVIDED WITH ORIGINAL REQUEST, TO SUPPORT YOUR STATEMENT.**

**STUDENT SIGNATURE (REQUIRED):** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_