

MONROE COUNTY MICHIGAN RECIPROCITY APPLICATION

RO-34
Rev 20230417



THE UNIVERSITY OF
TOLEDO
1872

Office of the Registrar

Main Campus
Rocket Hall, Room 1800
Mail Stop 322
Toledo, OH 43606-3390
Phone: 419.530.8700
Fax: 419.530.4828
residency@utoledo.edu

Per policy approved by the University of Toledo Board of Trustees, students who are residents of Monroe County, Michigan, pay in-state tuition plus \$1 out-of-state surcharge per semester. Any student so admitted must meet all regular admission requirements of The University of Toledo, including those for the specific program for which admission was sought. Following the initial determination of residency status, any changes must be requested through formal application. Any questions should be sent via email to residency@utoledo.edu.

No retroactive reclassification will be granted and it is not possible for an exemption of the tuition surcharge to be made because of a pending application. Therefore, plan to pay all fees in full and on time to avoid incurring late payment fees. If Ohio in-state residency is granted, you will receive an adjustment in fees assessed for the term in which reclassification becomes effective. If eligible, you will receive a refund. Please note, any reclassification may change your financial aid eligibility and result in a refund owed back to The University of Toledo.

Applications are due prior to the beginning of the term in which the reclassification is requested, preferably 30 calendar days or more prior to the beginning of the term. Applications submitted once the term begins will not be considered for that term.

Submit this application by any of the following methods:

**In-Person
Main Campus**
Rocket Solution Central
Main Campus
Rocket Hall
Room 1200

**In-Person
Health Science Campus**
Student Service Center
Health Science Campus
Mulford Library
1st floor

Mail
Office of the Registrar
Mail Stop #322
2801 W. Bancroft
Toledo, OH 43606

Fax
Office of the Registrar
419.530.4828

1 Term requesting reclassification

Summer Fall Spring Year: _____

2 Identification

Name: _____
LAST FIRST MIDDLE (MAIDEN)

Rocket #: _____

Date of Birth: ____ / ____ / ____
MONTH DAY YEAR

Marital Status: Single
 Married ____ / ____ / ____

MONTH DAY YEAR

Are you a University employee, a spouse or dependent upon a University employee? NO YES

Name of employee: _____

Employee Rocket #: _____
Provide letter from UT Human Resource Department

3 Monroe County Residence

What date did you begin living in Monroe County, Michigan?

____ / ____ / ____
MONTH DAY YEAR

My reason for moving to Monroe County is: _____

attach additional information separately if necessary

4 Local Address/Phone

Street: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____ - _____

Addresses for previous 12 months

(if different than current address listed above)

Street: _____

City: _____ State: _____ ZIP: _____

From/To Dates: _____

LIST ADDITIONAL ADDRESSES ON A SEPARATE PIECE OF PAPER

Please submit a copy of your lease agreement(s) and/or the front page of your mortgage agreement for the past twelve (12) consecutive months.

5 Resident for all other legal purposes

I am registered to vote in Michigan
 NO YES *attach proof of voter registration*

I have a valid Michigan driver license
 NO *attach copy of State ID* YES *attach copy*

I own a motor vehicle registered in Michigan
 NO YES *attach copy of vehicle registration*

6 Citizenship

I am a United States citizen
 NO YES

I was born in the United States
 NO YES *attach copy of birth certificate*

I carry a lawful permanent resident alien card.
 NO YES *Original must be witnessed when application is submitted*

If no, Visa classification is: _____
Must meet immigration requirements to be eligible

7 Dependency

Are you dependent on parent, spouse or legal guardian who has been a legal resident of Monroe County Michigan for the last 12 consecutive months?

NO YES *attach copy of Federal and State Income tax returns proving dependency*

Are you an independent student who has been a legal resident of Monroe County Michigan for the last 12 consecutive months?

NO YES *attach copy of your personal Federal and State Income tax returns proving independence*

If you are 25 years of age or under, also attach a copy of the first and signature pages of parent(s) or legal guardian(s) State and Federal Income Tax returns.

I understand that I must have resided twelve-months (12) in Monroe County Michigan in order to receive the benefits of the Michigan Reciprocity Agreement. It is my responsibility to maintain a current address of record with The University and I will notify the Office of the Registrar with any address change, which may affect this agreement.

By signing my name below, I certify and affirm that the information contained in this application and any attached documents are true, complete, and accurate. I understand that any misrepresentation or omission of facts on this application could be cause for denial of Monroe County Michigan Reciprocity residency status, discipline up to and including expulsion from the University, and/or criminal charges.

SIGNATURE OF APPLICANT/S

Date