

# MONROE COUNTY MICHIGAN RECIPROCITY APPLICATION

RO-34  
Rev 20140714



THE UNIVERSITY OF  
**TOLEDO**  
1872

**Office of the Registrar**

**Main Campus**  
Rocket Hall, Room 1800  
Mail Stop 322  
Toledo, OH 43606-3390  
Phone: 419.530.4844  
Fax: 419.530.4828  
registrar@utoledo.edu

Michigan and Ohio have entered into an agreement whereby The University of Toledo agrees to accept, at resident tuition rates, any resident of Monroe County (Michigan). 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](mailto: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 Center  
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