

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

Registrar's Office • Stark State College
6200 Frank Ave NW, North Canton OH 44720

RETURN THIS FORM AND ALL SUPPORTING DOCUMENTATION TO THE REGISTRAR'S OFFICE.

- The residency reclassification application and all supporting documentation must be received prior to the first day of classes for the semester requesting 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.
- Stark State College 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.

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:

1. 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
2. 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 status, 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 Information

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

Legal Full Name: _____ Student ID: S _____

Current Address: _____
Street City State Zip

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

ATTACH ALL THE FOLLOWING DOCUMENTS TO THIS APPLICATION (for ALL veteran, spouse/dependent applications):

- A copy of the "Certificate of Release or Discharge for Active Duty" i.e. DD form 214 member 4, issued to you by the US Department of Defense; and
- A copy of a lease, deed, Ohio Driver's License, or Ohio State ID establishing that you personally reside in Ohio.

I am the veteran claimant and I have met all requirements for classification as an Ohio-resident-for-tuition-purposes under the provisions codified into Ohio Revised Code 3333.31 and Ohio Administrative Code 3333-1-10.

I acknowledge that a false statement on this application will subject me and/or 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 enrollment under the classification of 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 II and also must submit the documents listed in Section I.

Legal Full Name: _____ Student ID: S_____

Current Address: _____
Street City State Zip

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

ATTACH ALL 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 personally reside in Ohio (your Ohio residence may be separate from that of the veteran claimant);
- If you are the veteran's dependent, 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 an Ohio-resident-for-tuition-purposes under the provisions codified by Ohio Revised code 3333.31 and Ohio Administrative Code 333-1-10.

I acknowledge that a false statement on this application made either by me or the veteran claimant will subject me to a nullification of the Ohio resident classification and the assessment of out-state-tuition for current and future enrollments and retroactively to the first term of my enrollment under the classification of Ohio-resident-for-tuition-purposes.

Signature: _____ Date: _____

Approved Denied

Comments:

Registrar's Signature: _____ Date: _____