

Ohio Residency Application Packet

Please read carefully the enclosed information and instructions. After you have downloaded, printed, and completed the Ohio Residency Application, Application Supplement, and Bursar's Statement, you may bring these items to the Office of the Registrar (110 Administration Building). Alternatively, you may mail them to us (Office of the Registrar, 110 Administration Building, Bowling Green State University, Bowling Green, OH 43403) or fax them to us (Office of the Registrar, 419-372-7977). If you use fax, please double-check to make sure that all pages transmitted successfully.

Direct questions or concerns about Ohio Residency Status for Tuition Surcharge Purposes to Registrar@bgsu.edu or 419-372-8441.

[Scroll to next page for printable forms: pages 2-6 of this document.]



Bowling Green State University

Complete this form and take or fax to:

BURSAR'S OFFICE
Room 132 Administration Building
Attention: Chris Kieffer
FAX: 419-372-0280

I, the undersigned, have filed an application for waiver of the non-resident fee under the Ohio Board of Regents Regulations for the academic term **Fall/Spring/Summer (circle one), year 20_____** .

As a result, I understand that I do not have to pay the non-resident fee for the **Fall/Spring/Summer (circle one)** term at this time. However, I do realize that I am responsible for paying all other fees (instructional, general, special lab fees and other) and miscellaneous charges **prior to the beginning of classes. If my residency application is not approved by the end of the academic term for which I am applying, I understand I must pay the non-resident fee no later than the last day of the term to allow continued enrollment.**

In the event that I am ruled to be a non-resident for tuition and surcharge purposes, I will promptly pay, or request that the appropriate department or agency promptly pay, any non-resident fee(s) due on my account with the University.

Signature _____

Name (print) _____

Date _____

Social Security _____

BGSU ID _____

Local Address _____

Local Phone _____