

Application

Ohio Student Residency for State Subsidy and Tuition Surcharge Purposes

Return Completed Application & Documentation to:

BOWLING GREEN STATE UNIVERSITY

Office of Registration and Records

Room 110, Administration Building

Bowling Green, OH 43403-0130

registrar@bgsu.edu Fax: (419) 372-7977

Circle Section applying under:

C1 C2 C3 C4 C5 C6 C7

E1 E2 E3 E4 E5 E6 E7 E8

1. Name _____
(First) (Middle) (Last)

2. BGSU ID# _____ (DO NOT USE Social Security Number)

3. Date of Birth _____ (Current) age _____

4. Present Address _____
Number and Street Length of time at present address

_____ City State County Zip Code

Phone Number: () _____ Email address: _____

5. Ohio Address (if different from above) _____ Ohio County _____

6. If you graduated from an **OHIO HIGH SCHOOL**, list name & city: _____
Refer to Provision C7

7. Are you a military service member (veteran, active, reserve or national guard)? _____ Yes _____ No

8. Is your spouse or parent an active member or veteran of the U.S. Armed Forces, who is either currently stationed in Ohio or has Ohio listed as Home of Record? _____ Yes _____ No

Refer to Provision C4, C5, C6, E2, E3, or E8 to determine which best qualifies.

9. Has your parent/legal guardian/spouse lived in Ohio for the past 12 consecutive months? _____ Yes _____ No

Refer to Provision C1

10. Has your parent/legal guardian/spouse accepted full-time employment in Ohio as of the first day of the term you are applying for? _____ Yes _____ No

Refer to Provision C3

11. Student Status:
Currently Enrolled Student as: ___ Undergrad ___ Grad

**Which semester are you applying for?
(one semester per application only)**

FALL _____ YEAR _____

SPRING _____ YEAR _____

SUMMER _____ YEAR _____

12. Marital Status: _____ Single _____ Married

13. Are you a citizen of the United States? _____ Yes _____ No

If no, do you have a Visa? Please submit a copy of your Visa or other documentation with your application.

_____ Permanent Resident Alien Date: _____ Number: _____

_____ Student (F1) Refer to **"Summary of Rules"** for restrictions & guidelines

_____ Other: _____

COMPLETE THE FOLLOWING ONLY IF YOU ARE APPLYING UNDER SECTIONS: C2, E1, E5, E6, E7

14. Employment: Are you or your spouse employed in Ohio?

You: No Yes Full-time Part-time
Spouse: No Yes Full-time Part-time

15. Please provide your employment history for the past 12 months (use separate sheet if necessary):

Employer _____

Employer's Address _____

Dates of Employment _____

Employer _____

Employer's Address _____

Dates of Employment _____

16. List your address(es) for the past 24 months:

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

_____ From _____ To _____

17. Are you registered to vote in Ohio? Yes No

18. Do you have an Ohio Driver's license? Yes No

19. If your car is entitled to your name, is it registered in Ohio? Yes No

20. Have you paid Ohio Income Tax (on wages)? Yes No

21. Did you file a Federal and State Income Tax Return for the previous tax year? Yes No

22. Did someone else claim you as an exemption? Yes No

23. Will someone else claim you on next year's tax return? Yes No

I certify that the information and documentation contained and submitted with this application is complete, accurate and true. I agree that as a student I am subject to the Code of Student Conduct of Bowling Green State University.

Applicant Signature

Date

COMPLETE THE FOLLOWING "INCOME MATRIX" ONLY IF YOU ARE APPLYING FOR C2, E1, E5, E6, E7

List all sources of income and expenditures for the 12 months preceding the semester of enrollment you are applying. If you list support in the parent, relatives/friends or gifts sections, list the contributor's state of legal residence.

	<u>INCOME</u>		<u>EXPENSES</u>
Employment (Gross)	\$ _____	Tuition & Fees	\$ _____
Spouse's Employment (Gross)	_____	Books & Supplies	_____
Savings/Checking Account	_____	Groceries & Dining Out	_____
Scholarships	_____	Rent/Mortgage	_____
Grants	_____	Utilities	_____
Loans	_____	Clothing/Laundry	_____
VA Benefits	_____	Travel	_____
Social Security	_____	Vehicle Payment	_____
Parent/Guardian (State of _____)	_____	Gas & Vehicle Maintenance	_____
Relatives/Friends (State of _____)	_____	Vehicle Insurance	_____
Gifts (State of _____)	_____	Health Insurance	_____
Any Aid from State of Ohio	_____	Recreation/Entertainment	_____
Child Support	_____	Cell Phone	_____
Alimony	_____	Misc. & Personal	_____
Other	_____	Credit Card Payments	_____
TOTAL	\$ _____	TOTAL	\$ _____

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Applicant Signature

Date

Certification Statement for Ohio Student Residency Application

****Do not sign this statement until you are directed to do so by the Notary****

I certify that the information and documentation contained and submitted with this application is complete, accurate and true. I agree that as a student I am subject to the Code of Student Conduct of Bowling Green State University.

Applicant Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____

Notarized by _____

County _____ State _____

My Commission Expires _____

(place seal in space above)