

The University of Akron  
Office of the University Registrar

Once completed, submit this form and all required documentation by the appropriate deadline to:  
[OhioResidency@uakron.edu](mailto:OhioResidency@uakron.edu) or in person to the Office of the University Registrar, 110  
**Submission Deadlines: Fall: August 15; Spring: December 15; Summer: May 1**

Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

UAEmail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

1 Semester that you are requesting residency reclassification: \_\_\_\_\_

2 Select the box of the guideline that you are requesting reclassification:

C1 C2 C3 C4 C5 E1 E2 E3 E4 E5 E6 E7 E8

See the Residency Classifications section for detailed information on the guidelines and required documentation

3 Are you a citizen of the United States? Yes No If no, what type of visa do you have? (Attach copy of visa) f i [(f)-0.e (e) -00.e (e)