

University of Oklahoma Health Sciences Center Office of Admissions and Records

Petition for In-State Residency For Purpose of Tuition Submit to: OUHSC Office of Admissions and Records 1105 N Stonewall Avenue, LIB Room 121 Oklahoma City, OK 73117-1221 Phone: 405.271-2359; Fax: 405-271-2480 Email: <u>Admissions@ouhsc.edu</u>

### INSTRUCTIONS

- 1. Petition decisions are based on Oklahoma State Regents Policy which is linked through the Office of Admissions and Records website (<u>http://admissions.ouhsc.edu/ProspectiveStudents/In-StateOut-of-StateTuitionPolicy.aspx</u>).
- 2. If you are receiving scholarships, loans, grants, or other financial aid, please seek advice from Student Financial Services before submitting this petition to determine how in-state reclassification may affect your aid.
- 3. Answer all questions on pages 1-5 of this form and attach supporting documentation as indicated.
- 4. Mail petition and supporting documentation to the OUHSC Office Admissions and Records. It is recommended that all documentation be submitted before the first day of classes for the semester in question. Deadlines for submitting the petition and related documents are as follows:

Fall – October 31 Spring – March 31 Summer – June 30

5. Allow 2-3 weeks for processing and evaluation of the petition. Failure to include sufficient documentation at the time of submission will result in a denied decision. All documentation is subject to verification by the University.

### **SECTION I – Student Identification**

Student Name (First, Middle, Last)		OUHSC ID
Current Address (Street)	City, State, Zip	Years at this address
Permanent Address (Street)	City, State, Zip	Years at this address
Moved to Oklahoma FROM (Location and Date)	Phone number	E-mail Address
Citizenship Status (check one): 🛛 U.S. Citizen	Permanent Resident  Foreign National	Visa type

#### **SECTION 2 – Reclassification Rationale**

Check the box below that best fit your circumstances; attach supporting documentation.

BASIS FOR CONSIDERATION	SUGGESTED SUPPORTING DOCUMENTATION
A. I graduated from an Oklahoma high school and resided in Oklahoma with a parent or legal guardian for at least two years prior to graduation from high school, and have not established domicile in another state.	<ul> <li>Parent/guardian's employment verification in Oklahoma</li> <li>Parent/guardian's most recent Federal Income Tax Return form 1040 or legal documentation of custody or guardianship</li> <li>Parent/guardian's Oklahoma State Income Tax Return form 511</li> <li>Official Oklahoma high school transcript</li> <li>(If not a U.S. citizen) documentation of parent/guardian's immigration status or completed and notarized Affidavit of Intent</li> </ul>
<b>B.</b> I am a dependent person and my parent or legal guardian (who is a U.S. citizen or lawful permanent resident) has lived contin- uously in Oklahoma for at least 12 months, and has established domicile in Oklahoma.	<ul> <li>✓ Parent/guardian's employment verification in Oklahoma</li> <li>✓ Parent/guardian's most recent Federal Income Tax Return form 1040 or legal documentation of custody or guardianship</li> <li>✓ Proof of parent/guardian's Oklahoma domicile (ex: most recent Oklahoma State Income Tax Return form 511; Oklahoma mortgage statement, home warranty deed, or lease agreement spanning at least 12 months)</li> <li>✓ (If not a U.S. citizen) documentation of parent/guardian's immigration status</li> </ul>

□ C. I am a dependent person and my parent or legal guardian (who is a U.S. citizen or lawful permanent resident) has come to Oklahoma to work full-time or practice a profession on a full-time basis.	<ul> <li>Parent/guardian's most recent Federal Income Tax Return form 1040 or legal documentation of custody or guardianship</li> <li>Proof of parent/guardian's Oklahoma domicile (ex: most recent Oklahoma State Income Tax Return form 511; Oklahoma mortgage statement, home warranty deed, or lease agreement spanning at least 12 months)</li> <li>Current letter from parent/guardian's employer on company letterhead that is dated, signed by a company official. The information should include date of hire, title of position, and verifies full-time status.</li> <li>(If not a U.S. citizen) documentation of parent/guardian's immigration status</li> </ul>
<b>D.</b> I am an independent person, am a U.S. citizen or lawful permanent resident, have lived continuously in Oklahoma for at least 12 consecutive months (not attending a higher education institution), and have established domicile in Oklahoma.	<ul> <li>Employment verification in Oklahoma</li> <li>Most recent Federal Income Tax Return form 1040</li> <li>Proof of Oklahoma domicile (Oklahoma State Income Tax Return form 511; Oklahoma mortgage statement, home warranty deed or lease agreement spanning at least 12 months)</li> <li>Documentation of self-support while living in Oklahoma</li> </ul>
<b>E.</b> I am an independent person, am a U.S. citizen or lawful permanent resident, and have come to Oklahoma to work full-time or to practice a profession on a full-time basis.	<ul> <li>Most recent Federal Income Tax Return form 1040</li> <li>Proof of Oklahoma domicile (Oklahoma State Income Tax Return form 511; Oklahoma mortgage statement, home warranty deed, or lease agreement spanning at least 12 month)</li> <li>Current letter from employer on company letterhead that is dated, signed by a company official, indicates date of hire, and clarifies full-time employment status; OR other proof of full-time employment in Oklahoma</li> </ul>
<b>F.</b> I married an individual who is a U.S. citizen or Permanent Resident (approved green card holder) that has already established Oklahoma domicile and recognized as in-state.	<ul> <li>Copy of marriage license</li> <li>Spouse's Oklahoma State Income Tax Return form 511</li> <li>Verification of spouse's employment in Oklahoma</li> <li>Copy of current Oklahoma mortgage statement or lease agreement spanning at least 12 months</li> </ul>
<b>G.</b> I am (or am the dependent of an individual) on full-time, active duty status of more than thirty (30) days with the uniformed services and stationed in Oklahoma.	<ul> <li>Copy of member's current orders orders or letter from Oklahoma commanding officer verifying member's full-time active status in Oklahoma</li> <li>If a dependent, parent/guardian's most recent Federal Income Tax Return form 1040 or legal documentation of custody or guardianship</li> </ul>
H. I am a dependent of an individual currently serving full time in the U.S. military or uniformed services whose "home of record" is Oklahoma.	<ul> <li>Copy of enlistment document</li> <li>Copy of member's current orders</li> <li>Most current military leave and earnings statement</li> <li>If a dependent, parent/guardian's most recent Federal Income Tax Return form 1040 or legal documentation of custody or guardianship</li> </ul>
<ul> <li>I. I am the spouse/dependent of an individual currently serving as a member of the active uniformed services of the United States on full-time active duty status of more than thirty (30) days and Oklahoma is NOT the home of record. I will be using Chapter 30 or 33 GI Bill<sup>®</sup> benefits.</li> </ul>	<ul> <li>Letter of intent to establish residence in the state of Oklahoma</li> <li>Certificate of Eligibility with entitlement and using Chapter 30 GI Bill<sup>®</sup> (Active Duty) or Chapter 33 Post 9/11 GI Bill<sup>®</sup> (Dependent Transfer of Entitlement) benefits</li> <li>If spouse, a copy of marriage license</li> <li>If a dependent, parent/guardian's most recent Federal Income Tax Return form 1040 or legal documentation of custody or guardianship</li> </ul>
J. I have been, or am the dependent of an individual who has been discharged or released from a period of not fewer than ninety (90) days of active, uniformed service, and Oklahoma is my home of record. I will not be using Chapter 30 or 33 benefits.	<ul> <li>Copy of DD Form 214 Certificate of Release or Discharge</li> <li>If a dependent, parent/guardian's most recent Federal Income Tax Return form 1040 or legal documentation of custody or guardianship</li> </ul>
<ul> <li>K. I have been, or am the dependent of an individual who has been discharged or released from a period of not fewer than ninety (90) days of active, uniformed service, regardless of my home of record, and I intend to use Chapter 30, 33, or 35 benefits of Title 38 of the U.S. Code.</li> </ul>	<ul> <li>Certificate of Eligibility with entitlement for Chapter 30 Montgomery GI Bill<sup>®</sup> (Active Duty), Chapter 33 Post 9/11 GI Bill<sup>®</sup> (Veteran) or Chapter 33 Post 9/11 GI Bill<sup>®</sup> (Dependent Transfer of Entitlement)</li> <li>Copy of DD Form 214 Certificate of Release or Discharge</li> <li>Letter of intent to establish Oklahoma as state of residency</li> <li>If a dependent, parent/guardian's most recent Federal Income Tax Return form 1040 or legal documentation of custody or guardianship</li> </ul>

L. I am a recipient of The Marine Gunnery Sergeant John David Fry Scholarship and am using it as a GI Bill <sup>®</sup> benefit.	<ul> <li>Certificate of Eligibility with entitlement for the Fry Scholarship</li> <li>Letter of Intent to establish Oklahoma as state of residency</li> </ul>
M. I am a recipient of Chapter 31, Vocational Rehabilitation with intent to establish residence in the state of Oklahoma as well as reside in the state while enrolled.	<ul> <li>Letter of intent to establish Oklahoma as state of residency</li> <li>VA Form 28-1905</li> </ul>
■ N. I am (or am the dependent of) a Military Reserve member that has been on full-time active status for more than thirty (30) days and Oklahoma is the home of record.	<ul> <li>Copy of enlistment document</li> <li>Copy of Reserve member's current orders</li> <li>Most recent Federal Income Tax Return form 1040</li> </ul>
O. I am fully participating in or received a scholarship from the Air Force, Army, Navy, or Marines ROTC.	<ul> <li>✓ Copy of scholarship and</li> <li>✓ Letter of verification from ROTC branch office</li> </ul>
P. I am an independent person, have established a permanent domicile in Oklahoma for 12 months, and have documented intent to remain in Oklahoma after my education is completed.	<ul> <li>Most recent Federal Income Tax Return form 1040</li> <li>Proof of Oklahoma domicile (Oklahoma State Income Tax Return form 511; Oklahoma mortgage statement or lease agreement spanning at least 12 months)</li> <li>Documentation that demonstrates convincing evidence to remain beyond completion of education (an example is a binding contract or scholarship for employment in-state 1-2 years after graduation)</li> </ul>

G.I. Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government website at http://www.benefits.va.gov/gibill.

### **SECTION 3 – High School Information**

City	State	and	Country	of	High	Schoo	าโ
City.	State.	and	Country	ot	High	Schoo	

# SECTION 4 - Parent Information (or legal guardian)

Were you claimed as a dependent by a parent or legal guardian on tax returns filed last year? TYES TNO (If no, skip to section 5)

Parent or Legal Guardian Name(s)		
Current Address (Street)	City, State, Zip	Years at this address
Permanent Address (Street)	City, State, Zip	Years at this address
Citizenship Status of Parent or Legal Guard	lian (check one): 🛛 U.S. Citizen 🗖 Perma	anent Resident 🗖 Other Foreign National

Date of Graduation

## **SECTION 5 – Marital Status**

Are you married? TYES INO (If no, skip to section 6)

Spouse's full name		
Citizenship Status of Spouse (check one):	🗖 U.S. Citizen	Permanent Resident  Other Foreign National
How many years has your spouse lived in Oklahoma?	<u> </u>	-
Did your spouse attend high school in Oklahoma?	T Yes	□ No If yes, year of graduation
Is your spouse currently attending college in Oklahoma	a? 🗖 Yes	
Is your spouse employed full-time in Oklahoma?	T Yes	□ No If yes, list employment information for past two years below.

Spouse's Emplo	oyment Dates			Hours Worked
From	То	Employer Name	City and State	Per Week

Spouse's Education				Treat
From	То	College or University	City and State	Total Hours

# SECTION 6 – Employment Information

List all of your employers for the past two years in chronological order.

My Employn	nent Dates			Hours
From	То	Employer Name	City and State	Worked Per Week

### **SECTION 7 – Domiciliary Indicators**

Questions in this section should be completed by the student if independent, or if dependent, by the parents or guardians.

Answering 'Yes' to any one or more of the following questions will not guarantee in-state residency for tuition purposes, but will be taken into consideration with other sections of the petition.

Are you registered to vote in Oklahoma?	TYES	🗖 No
Do you own a motor vehicle registered in Oklahoma?	TYES	🗖 No
Do you have a vehicle operator's license for Oklahoma?	TYES	🗖 No
Do you own residential real estate property in Oklahoma?	TYES	🗖 No
Do you maintain a home in a state other than Oklahoma?	🗖 YES	🗖 No

#### **SECTION 8 – Intent**

Did you move to Oklahoma primarily to attend school in Oklahoma?	TYES	🗖 No
Did you move to Oklahoma primarily to work full-time, practice		
a profession on a full-time basis, or conduct a business full-time?	🗖 YES	🗖 No

### **SECTION 9 – Supporting Statement**

Attach a TYPED statement describing why you believe in-state residency classification should be granted. Include any information not listed in this petition.

### **SECTION 10 – Signature**

I hereby swear and affirm that the answers given in this petition are accurate and complete, and that all documents attached hereto are true and unaltered copies of the original documents requested. I understand that all documentation presented is subject to verification by the University. I further understand that in-state reclassification for an approved petition is not granted on a retroactive basis. If any circumstances change, affecting the tuition status requested by this petition, I agree to notify the University of Oklahoma Health Sciences Center in writing within 15 days of such change.

Student's Signature (First, Middle, Last)

Date completed

## ADMINISTRATIVE USE ONLY

	Rationale
Denied	
Officer Name	
Date	
OSRHE Policy Section	