

SUBMIT COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS TO:

In Person: Records Office, CC235
E-Mail: records@lorainccc.edu

Mail: Lorain County Community College
Records Office, CC235
1005 Abbe Rd. N.
Elyria, OH 44035

For more information call (440) 366-4067

Instructions: This application must be submitted with ALL required documentation as outlined on the checklist. Submit the completed application and ALL documentation prior to the first day of the academic semester you desire reclassification to be effective. Incomplete applications and/or documentation cannot be processed and may result in denial of reclassification. **Reclassification of residency and DACA status expires on the same date as the I-797 Deferred Action Granted expiration.**

RETROACTIVE RESIDENCY AND DACA DETERMINATIONS CANNOT BE MADE FOR TUITION SURCHARGE PURPOSES.

PLEASE PRINT CLEARLY

LAST NAME: _____ **FIRST NAME:** _____ **M.I.:** _____

LCCC STUDENT ID: _____ **Date of Birth (mm/dd/yyyy):** ____ / ____ / _____

Current Address: _____ **Apt Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone Number:(_____) _____ **Home Phone Number:(_____)** _____

Date current address was established (mm/dd/yyyy): ____ / ____ / _____

Date entered Ohio (mm/dd/yyyy): ____ / ____ / _____

Previous residence in chronological order (from most recent). Indicate each residence for the past 24-month period.

<u>Number and Street</u>	<u>City and State</u>	<u>From: Month/Year</u>	<u>To: Month/Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will you or the person who provides more than 50% of your living expenses have lived in Ohio for 12 consecutive months when classes begin? Yes No

The following documentation is required to establish DACA status as well as establishment of residency for tuition purposes:

- I-797 document indicating Deferred Action granted Valid from: ____/____/____ to ____/____/____
- Driver's license or State ID card State of issue: _____

By my signature below, I attest that the information included on this form is accurate and that the information and documentation I am submitting is true to the best of my knowledge. My signature also confirms that I have read and understand the implications of my responses to the residency question stated above. Falsification or failure to report information, or documentation pertinent to determining eligibility for Ohio residency for tuition surcharge purposes will result in denial.

STUDENT SIGNATURE (Required): _____ **DATE:** ____ / ____ / ____

FOR OFFICE USE ONLY

Residency result Approved Denied

Residency To: In-County Out-of-County Out-of-State Effective Term: _____

Denied reason: _____

Reviewed by: _____ Date reviewed: ____ / ____ / ____

Date Application Received: