



**THE UNIVERSITY OF OKLAHOMA**  
**Office of Admissions**  
**1000 Asp Avenue, Room 127**  
**Norman, OK 73019-4076**



**PETITION FOR IN-STATE TUITION CLASSIFICATION**

|                  |  |           |  |                                     |  |
|------------------|--|-----------|--|-------------------------------------|--|
| <b>SECTION 1</b> | Please answer the following questions and attach the requested documentation. <b>Failure to include all documents will render the petition invalid. If the student is under 18 and unemancipated, the parent or legal guardian of the student must complete this petition.</b> The person completing this form should answer all questions as though they pertain to him/her. <b>Specific sections to be completed are indicated on the attached Instructions on How to Apply for Resident Tuition Classification.</b> |           |  |                                     |  |
|                  | STUDENT'S NAME (LAST, FIRST, MIDDLE)   |           | ID NUMBER  | TERM FOR WHICH YOU ARE PETITIONING. |  |
|                  | ADDRESS FOR REPLY (STREET, CITY, STATE, & ZIP)   |           |  | LOCAL PHONE NUMBER                  |  |
|                  | PERMANENT ADDRESS (STREET, CITY, STATE & ZIP)  |           |  | COUNTY                              |  |
|                  | AGE  | BIRTHDATE | PLACE OF BIRTH   |                                     |  |
|                  | ARE YOU A CITIZEN OF THE UNITED STATES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |           | IF NOT, DO YOU HOLD A PERMANENT RESIDENT VISA?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DATE VISA ISSUED                    | PLEASE ATTACH A PHOTO COPY OF YOUR VISA. |
|                  | NAME OF PERSON COMPLETING THIS FORM (IF OTHER THAN STUDENT)  |           |  | RELATIONSHIP TO STUDENT             |  |
|                  | ADDRESS (STREET, CITY, STATE, & ZIP)   |           |  |                                     |  |
|                  | ARE YOU A CITIZEN OF THE UNITED STATES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |           | IF NOT, DO YOU HOLD A PERMANENT RESIDENT VISA?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DATE VISA ISSUED                    | PLEASE ATTACH A PHOTO COPY OF YOUR VISA. |

|                  |                            |   |  |  |           |
|------------------|----------------------------|---|--|--|-----------|
| <b>SECTION 2</b> | <b>EDUCATIONAL HISTORY</b> | Did you graduate from an Oklahoma high school? <input type="checkbox"/> YES <input type="checkbox"/> NO                                   | NAME AND LOCATION OF HIGH SCHOOL                                       |  |           |
|                  |                            | Have you attended a college or university in Oklahoma during the past two years? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, COMPLETE AREA BELOW. LIST INSTITUTIONS IN CHRONOLOGICAL ORDER. | Were you assessed in-state tuition? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><b>PROVIDE DOCUMENTATION</b> |           |
|                  |                            | <b>INSTITUTION(S)</b>   |  | <b>DATES ATTENDED (Mo &amp; Yr)</b>  |           |
|                  |                            |   |  | <b>FROM</b>  | <b>TO</b> |
|                  |                            |   |  |  |           |

|                  |                |  |  |   |           |  |
|------------------|----------------|--|--|---|-----------|--|
| <b>SECTION 3</b> | <b>ADDRESS</b> | Have you been physically present in Oklahoma for the past 12 months <input type="checkbox"/> YES <input type="checkbox"/> NO | List below dates and places of residence for the past 3 years in chronological order.. | <b>ATTACH PROOF OF OKLAHOMA DOMICILE FOR THE LAST 12 MONTHS</b> |           |  |
|                  |                | <b>ADDRESS(ES)</b>   |  | <b>DATES (Mo &amp; Yr)</b>                                      |           |  |
|                  |                |  |  | <b>FROM</b>   | <b>TO</b> |  |
|                  |                |  |  |   |           |  |

|                  |  |   |               |                                 |  |
|------------------|--|---|---------------|---------------------------------|--|
| <b>SECTION 4</b> | <b>PARENTS' ADDRESS</b>  | <b>TO BE ANSWERED BY STUDENT'S PARENT(S) IF STUDENT IS A DEPENDENT FOR TAX PURPOSES</b>                                   |               |                                 |  |
|                  |  | Have you (student's parent(s)) established domicile in Oklahoma? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHEN? | <b>ATTACH PROOF OF DOMICILE</b> |  |
|                  |  | <b>PARENT ADDRESS</b>   |               |                                 |  |
|                  |  | Have you previously lived in Oklahoma? <input type="checkbox"/> YES <input type="checkbox"/> NO                           | IF YES, WHEN? |                                 |  |
|                  |  | <b>FORMER PARENT ADDRESS</b>  |               |                                 |  |
|                  | Have you moved from Oklahoma and established domicile in another state? <input type="checkbox"/> YES <input type="checkbox"/> NO   | IF YES, WHEN DID YOU DEPART OKLAHOMA?   |               |                                 |  |
|                  | Have you claimed the petitioner (student) as a dependent on your federal income tax returns for at least the last year? <input type="checkbox"/> YES <input type="checkbox"/> NO.<br>If yes, please include a copy of the first page of your federal tax return for last year. |   |               |                                 |  |

|                  |               |  |  |
|------------------|---------------|--|--|
| <b>SECTION 5</b> | <b>INTENT</b> | Did you come to Oklahoma primarily to attend school? <input type="checkbox"/> YES<br><input type="checkbox"/> NO   | Did you come to Oklahoma primarily to work full-time, practice a profession or conduct a full-time business? <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
|                  |               | Do you intend to enroll in more than 6 semester hours of work during the Fall or Spring semester or more than 3 hours during a Summer session? <input type="checkbox"/> YES<br><input type="checkbox"/> NO |  |

|  |                               |   |                                     |             |  |                        |                                       |  |  |  |
|--|-------------------------------|---|-------------------------------------|-------------|--|------------------------|---------------------------------------|--|--|--|
| <b>SECTION 6</b>   | <b>EMPLOYMENT &amp; TAXES</b> | List all employers for the past two years in chronological order.<br><br>Attach a letter from your employer(s) for the past two years verifying dates of employment and full or part-time status. | <b>DATES ATTENDED (Mo &amp; Yr)</b> | <b>FROM</b> | <b>TO</b>  | <b>EMPLOYER (FIRM)</b> | <b>CITY AND STATE</b>                 | <b>HOURS WORKED PER WEEK</b>                                       |  |  |
|  |                               |   |                                     |             |  |                        |                                       |  |  |  |
|  |                               |   |                                     |             |  |                        |                                       |  |  |  |
|  |                               |   |                                     |             |  |                        |                                       |  |  |  |
|  |                               |   |                                     |             |  |                        |                                       |  |  |  |
|  |                               |   |                                     |             |  |                        |                                       |  |  |  |
|  |                               | Have you accepted future employment in Oklahoma? <input type="checkbox"/> YES<br><input type="checkbox"/> NO  |                                     |             | <b>EFFECTIVE DATE OF FUTURE EMPLOYMENT</b>   |                        |                                       | <b>ATTACH A PHOTOCOPY OF CONTRACT OR OTHER PROOF OF EMPLOYMENT</b> |  |  |
|  |                               | Did you file an Oklahoma income tax return in the last 12 months? <input type="checkbox"/> YES<br><input type="checkbox"/> NO   |                                     |             | <b>LIST YEARS THAT YOU HAVE FILED OKLAHOMA RETURNS</b>   |                        |                                       |  |  |  |
| <b>IF YOU DID NOT FILE IN OKLAHOMA IN THE PAST 12 MONTHS, PLEASE STATE THE REASONS</b> |                               | _____<br>_____  |                                     |             |  |                        |                                       |  |  |  |
| <b>LIST YEARS YOU FILED INCOME TAX RETURNS IN ANOTHER STATE</b>                        |                               |   |                                     |             | Is Oklahoma income tax being currently withheld? <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                        | <b>IF YES, PROVIDE DOCUMENTATION.</b> |  |  |  |

|                  |                             |   |  |                             |  |  |  |  |
|------------------|-----------------------------|---|--|-----------------------------|--|--|--|--|
| <b>SECTION 7</b> | <b>DOMICILIARY INDICIAE</b> | Are you registered to vote in Oklahoma? <input type="checkbox"/> YES<br><input type="checkbox"/> NO                 | <b>DATE OF REGISTRATION (MO., YR)</b>        |                             | <b>ATTACH A PHOTOCOPY OF YOUR LATEST OKLAHOMA VOTER'S REGISTRATION CARD. (Show front and back of card)</b> |  |  |  |
|                  |                             | Do you own a motor vehicle? <input type="checkbox"/> YES<br><input type="checkbox"/> NO                             | <b>IN WHAT STATE IS IT REGISTERED?</b>       | <b>DATE OF REGISTRATION</b> |  | <b>ATTACH A PHOTOCOPY OF YOUR LATEST MOTOR VEHICLE REGISTRATION</b>                                  |  |  |
|                  |                             | Do you have a current motor vehicle operator's license? <input type="checkbox"/> YES<br><input type="checkbox"/> NO | <b>IN WHAT STATE WAS THE LICENSE ISSUED?</b> | <b>DATE OF ISSUE</b>        |  | <b>ATTACH A PHOTOCOPY OF YOUR MOTOR VEHICLE OPERATOR'S LICENSE AND EVIDENCE OF THE DATE OF ISSUE</b> |  |  |
|                  |                             | Do you own residential real property in Oklahoma? <input type="checkbox"/> YES<br><input type="checkbox"/> NO       | <b>DATE OF PURCHASED (MO., &amp; YR)</b>     | <b>ADDRESS OF PROPERTY</b>  |  | <b>ATTACH PHOTOCOPY OF TITLE TO PROPERTY</b>   |  |  |
|                  |                             | Do you maintain a home(s) in another state? <input type="checkbox"/> YES<br><input type="checkbox"/> NO             | <b>LIST STATE(S)</b>                         |                             |  |  |  |  |

|                  |                               |   |
|------------------|-------------------------------|---|
| <b>SECTION 8</b> | <b>PETITIONER'S STATEMENT</b> | <p>Please provide a written statement that covers the primary reason for your move to Oklahoma and any other information, not already requested through this petition, that you believe to be relevant to your request for in-state tuition classification.</p> |
|------------------|-------------------------------|---|

I hereby swear/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. If my circumstances change, affecting the tuition status requested by this petition, I agree to notify the University of Oklahoma in writing within 15 days of such change.

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GARDIAN COMPLETING THIS FORM (IF APPROPRIATE)

\_\_\_\_\_  
DATE