



OFFICE of  
REGISTRARIAL SERVICES

RIDGETOWN  
CAMPUS

UNIVERSITY OF  
GUELPH  
HUMBER

# Domestic Non-Ontario Residency Appeal Form

## For Diploma and Undergraduate Students

Complete this form if you meet the residency definition of a Domestic Ontario student but you were identified as a Domestic Non-Ontario student for billing purposes.

Email the completed form to the email address indicated below for your campus:

- Guelph campus: [accquest@uoguelph.ca](mailto:accquest@uoguelph.ca)
- Guelph-Humber campus: [finaid@guelphhumber.ca](mailto:finaid@guelphhumber.ca)
- Ridgetown campus: [rcregistrar@uoguelph.ca](mailto:rcregistrar@uoguelph.ca)

To effect a change of fees in a particular semester, the form must be submitted **prior** to the following deadline dates:

- Effective for the Fall semester: November 1
- Effective for the Winter semester: February 1
- Effective for the Summer semester: June 30

If your form is submitted before the appropriate deadline date and your appeal is approved, you will be billed as a Domestic Ontario student for the current semester and subsequent semesters. If the form is submitted after the deadline date, it will not be applied retroactively and will be effective the following semester.

To be a resident of Ontario, Ontario must be the last province a student lived in for a 12-month consecutive period **without** attending full-time post-secondary studies (college or university). Residency can also be based on a parent's or spouse's residential history where the parent/spouse did not attend college or university.

The University reserves the right to request supporting documentation to validate the information on the form.

I am appealing the Domestic Non-Ontario status based on (choose one):

- My personal residency
- My parent(s)' residency – You must be a [dependent student](#). You will be asked to refer to your parent(s) as Parent 1 and/or Parent 2. **Parent(s)' residency information required.**
- My spouse's residency (married or [common-law](#)) – **Spouse's residency information required.**

### Student Information

Select which campus you are attending:  Guelph  Guelph-Humber  Ridgetown

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Ontario Education Number (OEN) if assigned: \_\_\_\_\_

University student ID#: \_\_\_\_\_

**Please select all that apply (select N/A if your appeal is based on your residency):**

	Parent 1	Parent 2	Spouse	Yourself
Lived in Canada for all their life	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lived in Canada for the last 5 years	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered **no** to either question, please state the date arrived in Canada (MM/YYYY). Please separate multiple people with a comma (e.g., Parent 1 – MM/YYYY, Parent 2 – MM/YYYY): \_\_\_\_\_

## Student's Provincial Residency History

In this section, provide information based on all addresses (including your current address) that you lived at for the past 5 years. Start with your current address and work backward to the oldest. If you need more space, include a separate document as part of your submission.

	From MMYYYY	To MMYYYY	Province	City	Street Address	Postal Code	Country	My parent(s) lived with me at this address	If attending post-secondary school, provide name and location of the school	Student Status	Study Start Date MMYYYY	Study End Date MMYYYY
<b>Current Address</b>								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Previous Address 1								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Previous Address 2								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Previous Address 3								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Previous Address 4								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Previous Address 5								<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

### Parent(s)' or Spouse's Provincial Residency

Provide your parent(s)' or spouse's address information (as applicable to the appeal) for the past 5 years. Include the street name and number, apartment number, city/town, province and country where they were living as well as the dates they were there. If your parent or spouse is taking post-secondary studies, include this information on the form below.

I am completing this form for (select one):  Parent 1  Parent 2  Spouse

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

	From MMYYYY	To MMYYYY	Province	City	Street Address	Postal Code	Country	If parent/spouse attending post- secondary school, provide name and location of the school	Student Status	Study Start Date MMYYYY	Study End Date MMYYYY
<b>Current Address</b>									<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Previous Address 1									<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Previous Address 2									<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Previous Address 3									<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Previous Address 4									<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
Previous Address 5									<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

**If your parents did not live together at any point in the last 5 years, please complete this form for each parent. Clearly indicate at the top of the form either Parent 1 or Parent 2 and their first and last names.**

## Declaration and Signatures

I declare that the information provided about me on this form, as well as on any attachments, is complete and true.

### Parent 1

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent 2

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Spouse

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student

I declare that the information provided on this form is complete and true.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice of Collection, Use and Disclosure of Personal Information

The University of Guelph collects personal information under authority of the University of Guelph Act (1964) and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information collected on this form will be used to process your request for a provincial/territorial residency status change for tuition billing purposes. Information may also be used by other University of Guelph officials to carry out their authorized academic and administrative responsibilities. Should you have any questions concerning the collection of your personal information, you can contact Student Financial Services at (519) 824-4120 ext. 58715.

**OFFICE USE ONLY**

Approved

Denied

Semester effective: \_\_\_\_\_

Reason:

Next Steps:

Update XOOB

Notification to Student Billing

Notification to Student

Signature: \_\_\_\_\_ Date: \_\_\_\_\_