APPLICATION FOR VIRGINIA IN-STATE TUITION RATES

This application is for currently enrolled undergraduate students

This form should be completed if you are claiming entitlement to Virginia in-state tuition rates pursuant to sections 23.7-4 and 23.7-4:2 of the Code of Virginia. All questions must be answered completely. Supporting documents and additional information in support of your claim must be included with this application. If these documents are not included, they may be requested. All correspondence will be directed to the email account listed below**. Please submit the application and supporting materials by regular mail. Faxed or emailed applications will not be reviewed.**

**SECTION A: Student Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **1) Student Name** |  | **Student No.** |  |
| **Local Address** |  | **Permanent Address** |  |
| **Date of Birth** | **Local Phone No.** **( )**  | **Email address** | **Permanent Phone No.****( )** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Citizenship Status:** |  | U.S. Citizen  |  | Non-U.S. Citizen (List Visa type and attach copies of INS paperwork) |
|  |  |  |  |  |

**What is the basis of your application? Please check only one.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Independent Student’s Domicile |  | Parents’ Domicile |  | Military Exception |  | Post-Graduation Employment |
|  | Independent Student Living |  | Parent Living Outside of Virginia but |  | Spouse’s |  | Other: List |
|  | Outside of Virginia butCommuting to Virginia for Full-Time Employment |  | Commuting to Virginia for Full-Time Employment |  | Domicile |  |  |
| **Major:** |  |  |  |  |  |  |  |  |
| **What is your current academic level?** |  | Freshman |  | Sophomore |  | Junior |  | Senior |

**Please list the term and year for which you are applying for reclassification of your tuition status**

**(must be for a term that has not yet begun):**

 **1st Summer 2016\_\_\_\_\_ 2nd Summer 2016\_\_\_\_\_ Fall 2016\_\_\_\_\_\_\_ Winter 2017\_\_\_\_\_\_\_Spring 2017\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **What are your post-graduation plans? Please attach any documentation you have to confirm your post-graduation plans.** |
|  |
|  |
|  |

**Please list your residences for the past (2) years:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Street Address** | **City** | **State** | **Zip** | **From (MM/DD/YY)****To (MM/DD/YY)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **2) Do your parents or legal guardian provide 50% or more of your financial support or claim you** |
|  **as a tax dependent?** |  | Yes |  | No |
| **3) A. If you are married, do you wish to claim eligibility for in-state tuition rates based on your** |
|  **spouse’s domicile?** |  | N/A  |  | Yes |  | No |
|  **B. If you answered yes to 3A, does your spouse provide over 50% of your financial support?** |
|  |  | N/A |  | Yes |  | No |

**4) Please check all of the following characteristics that apply to you.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Age 24 or older as of the first day of the term in |  | Ward of the court or was a |  | Both parents are deceased and |
|  | which you intend to qualify for in-state tuition |  | ward of the court until age 18 |  | have no adoptive or legal guardian |
|  | Veteran or active duty member of the U.S. Armed |  | Legal dependents other |  | Married  |
|  | Forces |  | than a spouse |  | Graduate Student |

**Directions for Completing the Remainder of this Application**

• If your response to #2, is "Yes," proceed to Section B. Complete both the unshaded and shaded (light gray) areas of the remainder of this application; provide your parent/legal guardian information in the shaded (light gray) areas.

• If your response to #3B is "Yes," proceed to Section B. Complete both the unshaded and shaded (light gray) areas of the remainder of this application; provide your spouse's information in the shaded (light gray) areas.

 If your response to #3B is "No," proceed to Section B. Complete only the unshaded areas of the remainder of this application.

• If you are unmarried and did not check any of the items in #4, proceed to Section B. Complete both the unshaded and shaded (light gray) areas of the remainder of this application; provide your parent/legal guardian information in the shaded (light gray) areas.

• If you are unmarried and checked any of the items in #4 and answered "No" to #2, complete only the unshaded areas of the remainder of this application.

**SECTION B: Domicile Information**

For the parent/legal guardian or spouse portion of this application, answer the questions about the parent upon whom you are dependent. This parent/legal guardian must sign and date this application. If you are claiming eligibility for in-state rates based on your spouse's domicile, you must answer the parent/legal guardian or spouse portion of this application about your spouse. Your spouse must sign and date this application.

|  |
| --- |
| **5) Are you completing the shaded areas for your (check only one):** |
|  | Father |  | Mother |  | Legal Guardian |  | Spouse |

***For questions 6-10, you must answer the "B" question if your response to the "A" question is No."***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **6) A. Have you been employed in Virginia for the past year?** | Student: |  | Yes |  | No |  |  |
|  | Parent: |  | Yes |  | No |  |  |
|  **B. If "No," were you employed in:** |  | Student: |  | Another State |  | Not Employed |  |
|  |  | Parent: |  | Another State |  | Not Employed |  |

 **7) A. Was a tax return filed or income taxes paid to Virginia as a full or part-year resident on**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  **all earned income in 2015 and 2016?** |  | Student: |  | Yes |  | No |  |
|  |  | Parent: |  | Yes |  | No |  |
|  **B. If "No," were taxes paid to:** |  | Student: |  | Another State |  | Didn't File |  |
|  |  | Parent: |  | Another State |  | Didn't File |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **8) A. Are you a registered voter in Virginia?** |  | Student: |  | Yes |  | No |  |
|  |  | Parent: |  | Yes |  | No |  |
|  **B. If "No," were you registered in:** |  | Student: |  | Another State |  |  |  |
|  |  | Parent: |  | Another State |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **9) A. Do you hold a valid Virginia driver's license?** |  | Student: |  | Yes |  | No |  |
|  |  | Parent: |  | Yes |  | No |  |
|  **B. If "No," do you hold a license in:** |  | Student: |  | Another State |  | Not Licensed |  |
|  |  | Parent: |  | Another State |  | Not Licensed |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **10) A. Did you operate a motor vehicle registered in Virginia** |  | Student: |  | Yes |  | No |  |
|  **during the past year?** |  | Parent: |  | Yes |  | No |  |
|  **B. If "No," is it registered in:** |  | Student: |  | Another State |  |  |  |
|  |  | Parent: |  | Another State |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **11) A. Are you a member of the Armed Forces? If “No,” proceed to question 12.** |  |  | Yes |  | No |
|  **B. Have income taxes been paid to Virginia on all military income for the last year?** |  |  | Yes |  | No |
|  **If "No," have income taxes been paid to another state?** |  |  | Yes |  | No |
|  **C. Does the current Leave/Earnings Statement reflect Virginia withholding?** |  |  | Yes |  | No |
|  **If "Yes," effective date of change to Virginia:** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **12) A. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces?**  |  |  | Yes |  | No |
|  **If "No," proceed to question #13.** |  |  |  |  |  |
|  **B. Have income taxes been paid to Virginia on all military income for the last year?** |  |  | Yes |  | No |
|  **If "No," have income taxes been paid to another state?** |  |  | Yes |  | No |
|  **C. Does the current Leave/Earnings Statement reflect Virginia withholding?** |  |  | Yes |  | No |
|  **If "Yes," effective date of change to Virginia:** |  |  |  |  |  |

**SECTION C: Additional Information**

|  |  |  |
| --- | --- | --- |
| **13) If your spouse is in the military, will you have:** |  | Question 13 is not applicable. |
|  **A. Resided in Virginia for the past year?** |  |  | Yes |  | No |
|  **B. Been employed in Virginia during the** |  |  | Yes |  | No |
|  **past year?** |  |  |  |  |  |
|  **C. Paid income taxes to Virginia on all earned income?** |  |  | Yes |  | No |

|  |  |  |
| --- | --- | --- |
| **14) If you have lived outside Virginia for the past year,** |  | Question 14 is not applicable. |
|  **will you have:** |  |  |  |  |  |
|  **A. Been employed in Virginia and earned at least $14,500** |  |  | Yes |  | No |
|  **during the past year?** |  |  |  |  |  |
|  **B. Paid Virginia income taxes on all taxable income earned** |  |  | Yes |  | No |
|  **in Virginia during the past year?** |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **15) If your parent/legal guardian is in the military, will the** |  | Question 15 is not applicable. |
|  **non-military parent/legal guardian have:** |  |  |  |  |  |
|  **A. Resided in Virginia for the past year?** |  |  | Yes |  | No |
|  **B. Been employed in Virginia during the** |  |  | Yes |  | No |
|  **past year?** |  |  |  |  |  |
|  **C. Paid income taxes to Virginia on all earned income?**  |  |  | Yes |  | No |
|  **D. Claimed you as a dependent for federal and Virginia** |  |  | Yes |  | No |
|  **income tax purposes?** |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **16) If your parent/legal guardian has lived outside Virginia** |  | Question 16 is not applicable. |
|  **for the past year, will the parent/legal guardian have:** |  |  |  |  |  |
|  **A. Been employed in Virginia and earned at least $14,500** |  |  | Yes |  | No |
|  **during the past year?** |  |  |  |  |  |
|  **B. Paid Virginia income taxes on all taxable income earned** |  |  | Yes |  | No |
|  **in Virginia during the past year?** |  |  |  |  |  |
|  **C. Claimed you as a dependent for federal and Virginia**  |  |  | Yes |  | No |
|  **income tax purposes?** |  |  |  |  |  |

1. **If the student checked the ‘Independent Student’s Domicile’ box in Section A or if you checked any of the boxes listed in Question 4, the following table should be completed by the student. If the student did not check any of these boxes, the student’s parent(s) should complete the following table. Please list your physical presence for the past two years (on a monthly basis) as well as your related activities; including employment, and expenses, including school related expenses. If part of your support comes from a savings account, trust fund, mutual fund, or stock dividends, please indicate the source of the funds used to establish/purchase the account/fund. *If a section is for a future term, please enter N/A. SECTION 17 CONTINUED ON NEXT PAGE***

17 CONTINUED

| **Month/****Year** | **Physical****Location****(parent information if application is based on PARENT domicile)** | **Activities/****Employment/****School****(parent information if application is based on PARENT domicile)** | **Student’s Monthly Expenses****(Educational****expenses****should be****included)** | **Source(s)****and****amounts of****student’s financial****support/****income****(Monthly)** |
| --- | --- | --- | --- | --- |
| JAN 2015 |  |  |  |  |
| FEB 2015 |  |  |  |  |
| MAR 2015 |  |  |  |  |
| APR 2015 |  |  |  |  |
| MAY 2015 |  |  |  |  |
| JUN 2015 |  |  |  |  |
| JUL 2015 |  |  |  |  |
| AUG 2015 |  |  |  |  |
| SEP 2015 |  |  |  |  |
| OCT 2015 |  |  |  |  |
| NOV 2015 |  |  |  |  |
| DEC 2015 |  |  |  |  |
| JAN 2016 |  |  |  |  |
| FEB 2016 |  |  |  |  |
| MAR 2016 |  |  |  |  |
|  APR 2016 |  |  |  |  |
| MAY 2016 |  |  |  |  |
| JUN 2016 |  |  |  |  |
| JUL 2016 |  |  |  |  |
| AUG 2016 |  |  |  |  |
| SEP 2016 |  |  |  |  |
| OCT 2016 |  |  |  |  |
| NOV 2016 |  |  |  |  |
| DEC 2016 |  |  |  |  |

THE SOURCE(S) OF YOUR FINANCIAL SUPPORT MUST BE CLEARLY IDENTIFIED.

**SECTION D: Parent/Legal Guardian or Spouse Information (Must be completed if under age 24)**

|  |
| --- |
| **18) Name:** |
| **Address:** |
| **Home Phone No.:** | **Work Phone No.:** | **Date of Birth:** |
|  | **U.S. Citizen** | **List visa or other type and attach copies of USCIS paperwork:** |
|  | **Non-U.S. Citizen** |  |
|  |
| **Please list your residences for the past two (2) years:** |
| **Street Address** | **City** | **State** | **Zip** | **From (MM/DD/YY)****To (MM/DD/YY)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SECTION E: Supplemental Student Information**

|  |
| --- |
| **19) Where were/are you physically located during Thanksgiving, Winter, Spring, and Summer** **breaks?** |
|  |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **20) Did you have health insurance in 2015?**  |  | **Yes** |  | **No** |
| **If so, who was responsible for paying the premium? What was the approximate cost of the****premium?** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **21) Do you have health insurance in 2016?**  |  | **Yes** |  | **No** |
| **If so, who is responsible for paying the premium? What was the approximate cost of the****premium?** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **22) Did you have the use of an automobile in 2015 and/or 2016?**  |  | **Yes** |  | **No** |
| **If so, who owns/owned the automobile? Did you compensate the owner(s) for the use of the** **automobile? If so, in what amount? Please specify whether you compensated the individual(s) on a monthly or** **yearly basis.** |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **23) Did you have automobile insurance in 2015?** |  | **Yes** |  | **No** |
| **If so, who was responsible for paying the premium? What was the approximate cost of the premium?** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **24) Do you have automobile insurance in 2016?** |  | **Yes** |  | **No** |
| **If so, who is responsible for paying the premium? What was the approximate cost of the premium?** |
|  |

1. **Please list your *earnings from work* for the following years:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2014:** | **2015:** | **2016: (estimate)** |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **26) Have you ever attended another college or university?** |  | **Yes** |  | **No** |
| **If so, please list the schools and approximate dates of attendance below:** |
|  |
|  |
|  |

|  |
| --- |
| **27) Please provide any other information you feel is relevant to your case.**  |
|  |
|  |
|  |
| **28) When and why did you come to Virginia?** |
|  |
|  |
|  |
|  |
|  |
| **29) Where and when did you graduate from high school? Please list address(es) and dates.** |
|  |
|  |
|  |
|  |
|  |

**SECTION F: Certification and Signature(s)**

***I hereby certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition and/or dismissal from the university. I agree to furnish the university with supporting documentation related to my application in a timely manner. I realize that failure to supply additional information may result in a denial of my application.***

**Signature of Applicant Date**

**Signature of Parent/Legal Guardian or Spouse Date**

**(if required to furnish parental or spousal information)**