INSTRUCTIONS

This form should be completed by currently enrolled or returning undergraduate students who are claiming entitlement to Virginia in-state tuition rates pursuant to sections §§23.1-500 through 23.1-510 of the Code of Virginia.

Supporting documents and information must be submitted with this application. If documentation is not included, it will be requested and the application process will be delayed. Correspondence will be directed to the email account listed on the application.

DEADLINE TO SUBMIT: Prior to the first day of classes for the semester which eligibility is sought. Applications received after the deadline may be considered for the next semester.

**PART 1 – STUDENT INFORMATION**

|  |
| --- |
| Term and year for which you are applying for reclassification of your tuition status.(Must be for a future term that has not yet started) |
| * Summer 2024
 | * Fall 2024
 | * Winter 2025
 | * Spring 2025
 |

|  |
| --- |
| Section A: Student Information |
| Student Name |  | Student ID # |  |
| Local Address |  | Permanent Address |  |
| Date of Birth |  | Email Address |  |
| Local Phone # |  | Permanent Phone # |  |
| Citizenship Status | * U.S. Citizen
 | * Non U.S. Citizen (**List Visa type and attach copy of Visa or USCIS documents)**

**List Visa type:**  |
| What is the basis of your application?  |
| * Independent Student’s Domicile
 | * Parent’s Domicile
 | * Military Exception
 | * Post-Graduation Employment in VA
 |
| * Refugee Status
 | * Spouse’s Domicile
 | * Asylee Status
 | * Other

**List:**  |

|  |  |
| --- | --- |
| * **No**
 | * **Yes**
 |

**Are you a veteran or active duty member of the U.S. Armed Forces?**

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

|  |  |  |
| --- | --- | --- |
|  | Residence 1 | Residence 2 |
| Street Address |  |  |
| City |  |  |
| State, ZIP |  |  |
| MM/DD/YY – MM/DD/YY |  |  |

**STUDENT INFORMATION continued**

1. **Do your parents or legal guardian provide 50% or more of your financial support or claim you as a tax dependent for the last tax year?**
2. **If you are married please answer question 2 a and b with yes or no and if you are unmarried please mark N/A.**
	1. **If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse’s domicile?**
	2. **If you answered yes to 2a, does your spouse provide over 50% of your financial support?**
3. **Please check all the following characteristics that apply to you.**

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

|  |
| --- |
| Section B: Must be completed for parent/ legal guardian or spouse if NONE of the characteristics listed above are applicable.  |

|  |
| --- |
| 1. **Who are you completing Section B for?**
 |
| * Father
 | * Mother
 | * Legal Guardian
 | * Spouse
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **5a. Have you (STUDENT) been employed in Virginia for the past year?** | **Student:** | * Yes
 | * No
 |
| **Father, Mother, Legal guardian, or Spouse:** | * Yes
 | * No
 |
| **5b. If “No”, were you employed in:** | **Student:** | * Another State
 | * Not Employed
 |
| **Father, Mother, Legal guardian, or Spouse:** | * Another State
 | * Not Employed
 |
| **6a. Was a tax return filed or income taxes paid to Virginia as a full or part-year resident on all earned income in 2023?** | **Student:** | * Yes
 | * No
 |
| **Father, Mother, Legal guardian, or Spouse:** | * Yes
 | * No
 |
| **6b. If “No”, were taxes paid to:** | **Student:** | * Another State
 | * Not Filed
 |
| **Father, Mother, Legal guardian, or Spouse:** | * Another State
 | * Not Filed
 |
| **7a. Are you (STUDENT) a registered voter in Virginia?** | **Student:** | * Yes
 | * No
 |
| **Father, Mother, Legal guardian, or Spouse:** | * Yes
 | * No
 |
| **7b. If “No”, were you (STUDENT) registered in:** | **Student:** | * Another State
 | * Not Registered
 |
| **Father, Mother, Legal guardian, or Spouse:** | * Another State
 | * Not Registered
 |
| **8a. Do you (STUDENT) hold a valid Virginia driver’s license?** | **Student:** | * Yes
 | * No
 |
| **Father, Mother, Legal guardian, or Spouse:** | * Yes
 | * No
 |
| **8b. If “No”, do you (STUDENT) hold a license in:** | **Student:** | * Another State
 | * Not Licensed
 |
| **Father, Mother, Legal guardian, or Spouse:** | * Another State
 | * Not Licensed
 |
| **9a. Did you (STUDENT) operate a motor vehicle registered in Virginia?** | **Student:** | * Yes
 | * No
 |
| **Father, Mother, Legal guardian, or Spouse:** | * Yes
 | * No
 |
| **9b. If “No”, is it registered in:** | **Student:** | * Another State
 |  |
| **Father, Mother, Legal guardian, or Spouse:** | * Another State
 |  |

**Submit copies of driver’s license, voter registration, vehicle registration**

|  |  |  |
| --- | --- | --- |
| **10a. Are you (STUDENT) a member of the Armed Forces? If “No”, proceed to question 11** | * Yes
 | * No
 |
| **10b. Have income taxes been paid to Virginia on all military income for the last year?** **If “No”, have income taxes been paid to another state?** | * Yes
* Yes
 | * No
* No
 |
| **10c. Does the current Leave/Earnings Statement reflect Virginia withholding?** | * Yes
 | * No
 |
|  **If “Yes”, effective date of change to Virginia:** |  |
| **11a. Is your parent/legal guardian or spouse a member of the Armed Forces?**  **If “No”, proceed to question 12.** | * Yes
 | * No
 |
| **11b. Have income taxes been paid to Virginia on all military income for the last year?** **If “No”, have income taxes been paid to another state?** | * Yes
* Yes
 | * No
* No
 |
| **11c. Does the current Leave/Earnings Statement reflect Virginia withholding?** | * Yes
 | * No
 |
|  **If “Yes”, effective date of change to Virginia:** |  |

|  |
| --- |
| SECTION C: Supplemental information |

|  |  |
| --- | --- |
| **12. If your spouse in in the military, will you have:** | * Question 12 is N/A
 |
|  **a. Resided in Virginia for the past year?** | * Yes
 | * No
 |
|  **b. Been employed in Virginia during the past year?** | * Yes
 | * No
 |
|  **c. Paid income taxes to Virginia on all earned income?** | * Yes
 | * No
 |
| **13. If you have lived outside Virginia for the past year, will you have:** | * Question 13 is N/A
 |
|  **a. Been employed in Virginia and earned at least $24,000 during the past year?** | * Yes
 | * No
 |
|  **b. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?** | * Yes
 | * No
 |
| **14. If your parent/legal guardian is in the military, will the non-military parent/legal guardian have:** | * Question 14 is N/A
 |
|  **a. Resided in Virginia for the past year?** | * Yes
 | * No
 |
|  **b. Been employed in Virginia during the past year?** | * Yes
 | * No
 |
|  **c. Paid income taxes to Virginia on all earned income?** | * Yes
 | * No
 |
|  **d. Claimed you as a dependent for federal and Virginia income tax purposes?** | * Yes
 | * No
 |
| **15. If your parent/legal guardian has lived outside Virginia for the past year, will the parent/legal guardian have:** | * Question 15 is N/A
 |
|  **a. Been employed in Virginia and earned at least $24,000 during the past year?** | * Yes
 | * No
 |
|  **b. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?** | * Yes
 | * No
 |
|  **c. Claimed you as a dependent for federal and Virginia income tax purposes?** | * Yes
 | * No
 |

|  |
| --- |
| SECTION D: EMPLOYMENT/SCHOOL/ACTIVITIES |

1. **If you (STUDENT) are basing your application on your independent domicile, complete this table for yourself. If you are basing your application on your parent(s), legal guardian or spouse, complete this table with their information.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Month/Year** |  **Physical Location or parent/leg guardian/spouse or student****(by city/state/country)** | **List Employment/Activities for parent/leg guardian or spouse, or student** | **Sources of financial support (provide copies of federal and state tax returns for previous year)** |
| **Jan 2023** |  |  |  |
| **Feb 2023** |  |  |  |
| **March 2023** |  |  |  |
| **April 2023** |  |  |  |
| **May 2023** |  |  |  |
| **June 2023** |  |  |  |
| **July 2023** |  |  |  |
| **August 2023** |  |  |  |
| **Sept 2023** |  |  |  |
| **Oct 2023** |  |  |  |
| **Nov 2023** |  |  |  |
| **Dec 2023** |  |  |  |
| **Jan 2024** |  |  |  |
| **Feb 2024** |  |  |  |
| **Mar 2024** |  |  |  |
| **April 2024** |  |  |  |
| **May 2024** |  |  |  |
| **June 2024** |  |  |  |
| **July 2024** |  |  |  |
| **August 2024** |  |  |  |

|  |
| --- |
| PART 2: Parent/Legal Guardian or Spouse Information(Must be completed if applicant is under the age of 24) |
| Name |  |
| Address |  |
| Date of Birth |  | Email Address |  |
| Home Phone # |  | Work Phone # |  |
| Citizenship Status | * U.S. Citizen
 | * Non U.S. Citizen (List Visa type and attach copies of INS paperwork)

**Visa type:**  |

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

|  |  |  |
| --- | --- | --- |
|  | Residence 1 | Residence 2 |
| Street Address |  |  |
| City |  |  |
| State, ZIP |  |  |
| MM/DD/YY – MM/DD/YY |  |  |
|  |  |  |

1. **Do you have the present intent to remain in Virginia?**
2. **Do you own real property in another state or country? Please list the address of each property.**
3. **Was your move to Virginia for employment purposes? If so, please explain.**
4. **Please explain the circumstances of your move to Virginia.**

|  |
| --- |
| ADDITIONAL STUDENT INFORMATION  |

1. **Did you have health insurance in 2023? If so, who was responsible for paying the premium and what was the approximate cost of the premium? Or N/A**
2. **Do you have health insurance in 2024? If so, who is responsible for paying the premium and what is the approximate cost of the premium? Or N/A**
3. **Did you have the use of an automobile in 2023? If so, who owns/owned the automobile? If you were not the owner, did you compensate the owner(s) for the use of the automobile? If so, what amount? Please specify whether you compensated the individual(s) on a monthly or yearly basis. Or N/A**
4. **Do you have auto insurance in 2024? If so, who is responsible for paying the premium and what is the approximate cost of the premium? Or N/A**

**26. Where did you attend high school? List address(es) and dates of attendance.**

**27. Have you ever attended another college or university? If so, please list the schools and approximate dates of attendance below here and when did you graduate from high school? Please list address(es) and dates.**

**28.When and why did you come to Virginia?**

**29.Do you have the present intention to remain in Virginia?**

|  |
| --- |
| Section G 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)