



Application for Virginia's In-state Tuition Privileges

Attention Virginia Residents: Complete and sign this form to claim in-state tuition privileges, pursuant to Section 23-7.4 Code of Virginia.

Section I (To be completed by student.)

APPLICANT'S INFORMATION *(Please print.)*

FULL NAME _____

SOCIAL SECURITY NUMBER _____

HOW LONG HAVE YOU LIVED IN VIRGINIA? _____ YEARS _____ MONTHS

CITIZENSHIP U.S. CITIZEN BY BIRTH PERMANENT RESIDENT *(Please attach copy of both sides of Form I-551 [Green Card].)*

NON-U.S. CITIZEN VISA TYPE _____ DATE OF VISA ISSUANCE ____/____/____ DATE OF VISA EXPIRATION ____/____/____

WHERE YOU HAVE LIVED FOR THE PAST TWO YEARS? *(List current address first; physical address—not P.O. box.)*

CURRENT ADDRESS _____ CITY/STATE _____ ZIP CODE _____

FROM *(Month/Year)* _____ TO *(Month/Year)* _____

PREVIOUS ADDRESS _____ CITY/STATE _____ ZIP CODE _____

FROM *(Month/Year)* _____ TO *(Month/Year)* _____

STUDENT EMPLOYMENT INFORMATION FOR ONE YEAR PRIOR TO THE DATE OF APPLICATION

EMPLOYER _____ CITY/STATE _____ HOURS PER WEEK _____

FROM *(Month/Year)* _____ TO *(Month/Year)* _____

EMPLOYER _____ CITY/STATE _____ HOURS PER WEEK _____

FROM *(Month/Year)* _____ TO *(Month/Year)* _____

DO YOUR PARENTS, SPOUSE, OR LEGAL GUARDIAN PROVIDE OVER HALF OF YOUR FINANCIAL SUPPORT? YES NO

DO YOUR PARENTS, SPOUSE, OR LEGAL GUARDIAN CLAIM YOU AS A DEPENDENT FOR TAX PURPOSES? YES NO

(If yes to either question above, Section II must be completed by your parents, spouse, or legal guardian.)

IF YOU ARE MARRIED, DO YOU WANT TO CLAIM ELIGIBILITY FOR IN-STATE TUITION ON YOUR SPOUSE'S DOMICILE? YES NO

(If yes, Section II must be completed by your spouse.)

PLACE A CHECK MARK BESIDE ANY THAT APPLY TO YOU.

- Veteran or active duty member of U.S. armed forces
- Married
- Have legal dependents other than spouse
- Both parents deceased, no adoptive legal guardian
- Ward of the court until the age of 18 *(Court documentation required.)*

(If you checked any of these items, please complete the remainder of Section I, skip Section II, and sign at the end of Section II. If you did not check any of these, your parent or guardian should complete Section II, and both you and your parent or guardian must sign at the end of Section II.)

WILL YOU HAVE FILED A TAX RETURN OR PAID INCOME TAXES TO ANY STATE OTHER THAN VIRGINIA? YES NO

FOR THE ENTIRE TWELVE MONTHS PRIOR TO THE TERM IN WHICH YOU PLAN TO ENROLL, WILL YOU HAVE:

A. Filed a tax return or paid income taxes to Virginia on all earned income? YES NO

B. Been a registered voter in Virginia? YES NO

C. Held a valid Virginia driver's license? YES NO

If yes, date registered *(Month/Year)* _____

D. Owned or operated a motor vehicle registered in Virginia? YES NO

ARE YOU OR ANY MEMBER OF YOUR FAMILY PRESENTLY ON ACTIVE DUTY? YES NO *(If no go to next question.)*

A. Will Virginia income taxes have been paid on all military income for the twelve months prior to the term you plan to enroll? YES NO

B. Is Virginia listed on your Leave and Earnings statement (LES)? YES NO *(Please attach a copy of your current LES.)*

WILL YOU HAVE LIVED OUTSIDE VIRGINIA, EARNED AT LEAST THE EQUIVALENT OF A FULL-TIME WAGE SALARY, AND PAID VIRGINIA INCOME TAXES ON ALL TAXABLE INCOME EARNED IN THIS COMMONWEALTH FOR AT LEAST TWELVE MONTHS PRIOR TO THE TERM IN WHICH YOU PLAN TO ENROLL? YES NO *(If yes, attach a copy of your current Virginia income tax forms.)*

CAREFULLY DETACH AT PERFORATION.

(Signature is required at the end of Section II.)

Section II (To be completed by the parent, court appointed legal guardian, or spouse.)

PARENT'S, SPOUSE'S, OR LEGAL GUARDIAN'S INFORMATION *(Please print.)*

FULL NAME _____

RELATIONSHIP TO APPLICANT PARENT SPOUSE LEGAL GUARDIAN

CITIZENSHIP STATUS

U.S. CITIZEN BY BIRTH PERMANENT RESIDENT *(Please attach copy of both sides of Form I-551 [Green Card].)*

NON-U.S. CITIZEN VISA TYPE _____ DATE OF VISA ISSUANCE ____/____/____ DATE OF VISA EXPIRATION ____/____/____

WHERE YOU HAVE LIVED FOR THE PAST TWO YEARS? *(List current address first; physical address—not P.O. box.)*

CURRENT ADDRESS _____ CITY/STATE _____ ZIP CODE _____

FROM *(Month/Year)* _____ TO *(Month/Year)* _____

PREVIOUS ADDRESS _____ CITY/STATE _____ ZIP CODE _____

FROM *(Month/Year)* _____ TO *(Month/Year)* _____

PARENT, GUARDIAN, OR SPOUSE EMPLOYMENT INFORMATION FOR ONE YEAR PRIOR TO THE DATE OF APPLICATION

EMPLOYER _____ CITY/STATE _____ HOURS PER WEEK _____

FROM *(Month/Year)* _____ TO *(Month/Year)* _____

EMPLOYER _____ CITY/STATE _____ HOURS PER WEEK _____

FROM *(Month/Year)* _____ TO *(Month/Year)* _____

FOR THE ENTIRE TWELVE MONTHS PRIOR TO THE TERM IN WHICH THE STUDENT WILL ENROLL, WILL YOU HAVE:

A. Been employed in Virginia? YES NO

B. Filed a tax return or paid income taxes to Virginia on all earned income? YES NO

C. Been a registered voter in Virginia? YES NO

D. Held a valid Virginia driver's license? YES NO *(If yes, date issued ____/____/____)*

E. Owned or operated a motor vehicle registered in Virginia? YES NO *(If yes, date registered ____/____/____)*

WILL YOU HAVE CLAIMED THE STUDENT AS A DEPENDENT FOR FEDERAL AND VIRGINIA INCOME TAX PURPOSES PRIOR TO THE TERM IN WHICH THE STUDENT WILL ENROLL? YES NO

WILL YOU HAVE PROVIDED OVER HALF OF THE APPLICANT'S FINANCIAL SUPPORT FOR AT LEAST ONE YEAR PRIOR TO THE TERM IN WHICH THE APPLICANT WILL ENROLL? YES NO

ARE YOU PRESENTLY IN THE MILITARY? YES NO

A. Have income taxes been paid in Virginia on all military income for the twelve months prior to the term in which the student will enroll? YES NO

B. Is Virginia listed on your Leave and Earnings statement (LES)? YES NO *(Please attach a copy of your current LES.)*

C. Are you assigned to a permanent duty station within Virginia, the District of Columbia, or a state contiguous to Virginia? YES NO
(If yes, please attach a copy of military orders.)

ANSWER THIS QUESTION ONLY IF YOU LIVE OUTSIDE VIRGINIA BUT WORK IN VIRGINIA.

Will you have lived outside Virginia, worked in Virginia, earned at least the equivalent of a full-time wage salary, and paid Virginia income taxes on all taxable income in this Commonwealth for at least twelve months prior to the term in which the student will enroll? YES NO

(If yes, please attach a copy of your current Virginia income tax forms.)

I certify that the information I have provided above is true.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT, SPOUSE, OR LEGAL GUARDIAN _____ DATE _____

Please review your responses carefully before submitting this form. This information will be used to determine in-state/out-of-state classification. Incomplete or inaccurate information will delay your course registration.