

APPLICATION FOR VIRGINIA IN-STATE TUITION

Completion of this form is required by the commonwealth of Virginia if you are claiming entitlement to Virginia in-state tuition rates pursuant to Section 23-7.4 Code of Virginia. All questions must be answered. When not applicable, mark the N/A box. Section A must be completed by the applicant. Section B of this form must be completed by the parent/legal guardian or spouse if the applicant is a dependent. Supporting documents and additional information may be requested. Return this form with your application for admission. If this form is not submitted, you will be classified as a non-Virginia resident.

For office
use only.
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Section A - Applicant

(Please Note: While this information is not required for admission consideration, it is necessary for applicants who wish to be considered for financial aid and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the university.) To protect your privacy, your Social Security number will not be used as your student identification number.

1. Name _____ 2. Social Security Number _____
Last First M.I. Other (Last Name)

3. Date of Birth _____ 4. Citizenship U.S. Permanent resident alien, political asylum or refugee Non-U.S. If non-U.S., give visa type _____

5. Where have you lived in the past two years? (List current address first. Include dates.)
Street address City State ZIP Code From (MM/DD/YY) To (MM/DD/YY)

6. Students under the age of 24 are presumed to be dependent on a parent or legal guardian unless one of the following applies? (Place a check mark beside all that apply.)

- Age 24 or older as of the first day of the semester in which you intend to enroll
- Veteran or active duty member of the U.S. Armed Forces
- Graduate or professional student
- Ward of the court or was a ward of the court until age 18
- Both parents are deceased, no adoptive or legal guardian
- Legal dependents other than a spouse
- Independent student (attach federal and state tax forms)
- Married

7. Do your parents or legal guardian provide over half of your financial support or claim you as a tax dependent? Yes No N/A

8. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile? Yes No N/A

If Yes, does your spouse provide more than 50 percent of your financial support?
 Yes No N/A

If "Yes" to either No. 7 or 8, Section B must be completed by a parent/legal guardian or spouse.

9. Will you have filed a tax return or paid income taxes to any state other than Virginia during the past year? Yes No N/A

If yes, which state(s)? _____

10. For at least one year prior to the semester in which you will enroll, will you have:

- a. Filed a tax return or paid income taxes to Virginia on all earned income?
 Yes No N/A
- b. Been a registered voter in Virginia? Yes No N/A
- c. Held a valid Virginia driver's license? Yes No N/A

11. Do you own or operate a motor vehicle? Yes No N/A

If "Yes," has it been registered in any state other than Virginia during the past year?
 Yes No N/A

12. Are you a member of the U.S. Armed Forces? Yes No N/A

If No, go to No. 13.

- a. Have income taxes been paid to Virginia on all military income for the last year?
 Yes No N/A
- If No, have income taxes been paid to another state? Yes No N/A
- b. Does the current Leave/Earnings Statement reflect Virginia withholding?
 Yes No N/A

If Yes, effective date of change to Virginia: _____
(Attach a copy of your LES and DD-2058.)

13. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces?

Yes No N/A

If No, go to No. 14.

a. Have income taxes been paid to Virginia on all military income for the last year?

Yes No N/A

If No, have income taxes been paid to another state? Yes No N/A

b. Does the current Leave/Earnings Statement reflect Virginia withholding?

Yes No N/A

If Yes, effective date of change to Virginia: _____

(Attach a copy of your LES and DD-2058.)

c. Has your parent/legal guardian or spouse claimed you as a dependent for federal and state income taxes? Yes No N/A

14. Is your parent/legal guardian or spouse a retired military member, who currently resides in Virginia and resided in Virginia at the time of their retirement?

Yes No N/A

If No, go to No. 15. If Yes, effective date of change to Virginia: _____

(Attach a copy of your LES and DD-2058.)

15. If your spouse is in the military, will you have:

a. Resided in Virginia for the past year? Yes No N/A

b. Paid income taxes to Virginia on all earned income? Yes No N/A

16. If your parent/legal guardian is in the military, will the nonmilitary parent/legal guardian have:

a. Resided in Virginia for the past year? Yes No N/A

b. Paid income taxes to Virginia on all earned income? Yes No N/A

c. Claimed you as a dependent for federal and state income tax purposes?
 Yes No N/A

17. If you have lived outside Virginia for the past year, will you have:

a. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?
 Yes No N/A

Yes No N/A

b. Lived in a contiguous state to Virginia? Yes No N/A

18. If your parent/legal guardian or spouse has lived outside Virginia for the past year, will the parent/legal guardian or spouse have:

a. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?
 Yes No N/A

Yes No N/A

b. Lived in a contiguous state to Virginia? Yes No N/A

c. Claimed you as a dependent for federal and state income tax purposes?
 Yes No N/A

I 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 or dismissal. I agree to furnish the university with supporting documentation related to my application, if I am requested to do so.

Signature of applicant (required) _____ Date _____

Records and Registration use only
Date _____ Initials _____



VCU Division of Strategic Enrollment Management

VIRGINIA COMMONWEALTH UNIVERSITY

Section B - Parent(s) or Legal Guardian

If your parents/legal guardian or spouse provide over half of your financial support or claim you as a dependent, they must complete this section.

1. Name _____
Last First M.I. Other (Last Name)

2. Relationship to applicant: Father Mother Legal Guardian Spouse

3. Citizenship U.S. Permanent resident alien, political asylum or refugee Non-U.S. If non-U.S., give visa type _____

4. Where have you lived in the past two years? (List current address first. Include dates.)
Street address City State ZIP Code From (MM/DD/YY) To (MM/DD/YY)

5. Will you have claimed the applicant as a dependent on your federal and state income tax returns for the tax year prior to the semester in which the applicant will enroll?
 Yes No N/A

6. Will you have provided over half of the applicant's financial support for at least one year prior to the semester in which the applicant will enroll? Yes No N/A

7. Will you have filed a tax return or paid income taxes to any state other than Virginia during the past year? Yes No N/A
If yes, which state(s)? _____

8. For at least one year prior to the semester in which the applicant will enroll, will you have:
a. Filed a tax return or paid income taxes to Virginia on all earned income?
 Yes No N/A
b. Been a registered voter in Virginia? Yes No N/A
c. Held a valid Virginia driver's license? Yes No N/A

9. Do you own or operate a motor vehicle? Yes No N/A
If Yes, has it been registered in any state other than Virginia during the past year?
 Yes No N/A

10. Are you a member of the U.S. Armed Forces? Yes No N/A
If No, go to No. 11
a. Have income taxes been paid to Virginia on all military income for the last year?
 Yes No N/A
If No, have income taxes been paid to another state? Yes No N/A
b. Does the current Leave/Earnings Statement reflect Virginia withholding?
 Yes No N/A
If Yes, effective date of change to Virginia: _____
(Attach a copy of your LES and DD-2058.)

11. Are you a retired military member, who currently resides in Virginia and resided in Virginia at the time of your retirement? Yes No N/A
If Yes, effective date of change to Virginia: _____
(Attach a copy of your LES and DD-2058.)

I 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, the applicant may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documentation related to this application, if I am requested to do so.

Signature of parent/legal guardian or spouse (required) _____ Date _____

Records and Registration use only
Date _____ Initials _____