



PRINT OUT THIS FORM. IT WILL NOT BE TRANSMITTED ELECTRONICALLY.

Application for Virginia In-State Educational Privileges

SUBMIT THIS FORM ONLY if you claim entitlement to Virginia in-state educational privileges pursuant to the Code of Virginia, Section 23-7.4. All forms and supporting documentation must be postmarked by the appropriate application deadline for your program. You will be classified as an out-of-state student for admission and tuition purposes if all forms and supporting documentation are not postmarked by the applicable deadline date.

Answer all questions on the forms and provide any necessary explanations. Once this material has been reviewed, you may be asked to provide additional information or documentation. Do not submit original documents; provide copies only.

ALL APPLICANTS claiming entitlement to in-state educational privileges must complete Section A of this form.

IF YOU ARE UNDER THE AGE OF 19, OR IF YOU RECEIVE OVER HALF YOUR FINANCIAL SUPPORT from a parent, spouse or legal guardian, the parent, spouse or legal guardian must complete Sections B and C of this form.

IF YOU ARE AGE 19 OR OVER AND FINANCIALLY INDEPENDENT, you must complete Section C of this form, in addition to Section A.

If you (or your parent, spouse or legal guardian, if applicable) are not a U.S. citizen, attach a copy of the visa or Green Card.

SECTION A: To be completed by all applicants

- (1) Full legal name: _____ / _____ / _____ / _____
LAST OR FAMILY FIRST MIDDLE SUFFIX
- (2) Social Security Number (last four digits): _____ LSAC Account Number: _____
- (3) Date of Birth: MM / DD / YYYY (4) Gender: Female Male
- (5) Citizenship: U.S. Non-U.S. **IF NON-U.S., PROVIDE A COPY OF GREEN CARD OR VISA**
- (6) Daytime telephone number: _____ (7) E-Mail Address: _____

SECTION B: To be completed by the parent, spouse, or legal guardian if applicant is financially dependent. If the applicant's parents are divorced or separated, the parent living in Virginia must complete Sections B and C of this form. If the applicant is financially independent, skip section B and complete Section C.

- (1) Full legal name: _____ / _____ / _____ / _____
LAST OR FAMILY FIRST MIDDLE SUFFIX
- (2) Relationship to applicant: _____ (3) Marital Status: _____
- (4) Citizenship: U.S. Non-U.S. **IF NON-U.S., PROVIDE A COPY OF GREEN CARD OR VISA**
- (5) Daytime telephone number: _____ (6) E-Mail Address: _____
- (7) 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
- (8) Will you have claimed the applicant as a dependent on your federal and Virginia income tax returns for the tax year prior to the term in which the applicant will enroll?
 Yes No



SECTION C: To be completed by the applicant if financially independent, or by the applicant's parent, spouse, or legal guardian if the applicant is financially dependent

(1) How long have you lived in Virginia? _____ **YEARS** _____ **MONTHS**

(2) Where have you lived (in the sense of physical presence) in the last two years?

Current _____
FROM MM/YYYY TO MM/YYYY STREET ADDRESS CITY STATE ZIP

Previous _____
FROM MM/YYYY TO MM/YYYY STREET ADDRESS CITY STATE ZIP

(3) If you have not lived in Virginia within the last two years, have you ever lived in Virginia? No Yes — from _____ (MM/YYYY) to _____ (MM/YYYY)

(4) Employment Information (for at least one year prior to the date for which the applicant seeks in-state privileges)

Current _____
FROM MM/YYYY TO MM/YYYY STREET ADDRESS CITY STATE ZIP

Previous _____
FROM MM/YYYY TO MM/YYYY STREET ADDRESS CITY STATE ZIP

(5) Will you have filed a tax return or paid income taxes to any state other than Virginia during the past year? Yes No
If yes, explain. _____

(6) For at least one year immediately prior to the term in which the applicant will enroll, will you have:

A. filed a resident tax return or paid resident taxes to Virginia on all earned income? Yes No
If no, explain. _____

B. been a registered voter in Virginia? DATE REGISTERED (MM/DD/YYYY) _____ Yes No

C. held a valid Virginia driver's license? DATE ISSUED (MM/DD/YYYY) _____ Yes No

(7) Do you own or operate a motor vehicle?

If yes, has it been registered in Virginia during all of the past year? DATE REGISTERED (MM/DD/YYYY) _____ Yes No

(8) **ANSWER THIS QUESTION ONLY IF YOU LIVE OUTSIDE VIRGINIA BUT WORK IN VIRGINIA.**

Will you or your spouse have lived outside Virginia, been employed and earned at least \$10,300 in Virginia, paid Virginia income taxes on all taxable income earned in the Commonwealth, and claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year immediately prior to the term in which the applicant will enroll? Yes No

(9) **ANSWER THIS QUESTION ONLY IF YOU ARE A MILITARY FAMILY.**

Are you or your spouse currently in the military? IF YES, CHECK Self Spouse Yes No

A. Are resident Virginia income taxes being paid on all military income? IF YES, AS OF WHAT DATE? _____ Yes No
Where were you stationed on that date? _____

IF YES, PLEASE SUBMIT A CURRENT COPY OF A LEAVE AND EARNINGS STATEMENT REFLECTING VIRGINIA WITHHOLDING.

(10) **ANSWER THIS QUESTION ONLY IF YOU ARE A MILITARY PERSONNEL CLAIMING ELIGIBILITY FOR YOUR DEPENDENT SON, DAUGHTER OR SPOUSE.**

A. Are you active-duty military personnel assigned to a permanent duty station in Virginia? Yes No

B. Are you presently residing in Virginia? Yes No

IF YES, PLEASE SUBMIT A COPY OF YOUR ACTIVE-DUTY MILITARY ORDERS REFLECTING VIRGINIA ASSIGNMENT.

PLEASE USE THE SPACE BELOW TO EXPLAIN ANY OF YOUR RESPONSES.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE. AN ACTUAL SIGNATURE IS REQUIRED.

APPLICANT SIGNATURE

DATE

PARENT, SPOUSE OR LEGAL GUARDIAN SIGNATURE

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 the review of the application.