

VCU Student Information

Your Student's Name _____
Last First MI

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Your student's date of birth

Is your student a first generation college student? (Neither parent graduated from a four-year college or university) Yes No

Beyond Orientation Course Participant Information

Participant (Parent/Family member) Name _____
Last First MI

SEMESTER Fall Summer Spring YEAR 2017

Office use only
RES:

Your date of birth

Month	Day	Year			

Please check "Yes" or "No"

I have been suspended from another institution within the last five years. Yes No

I currently hold a college degree (bachelors or higher). Yes No

I have applied to or attended VCU in the past. Yes No

I have used another name at VCU in the past. Yes No

Other Name _____

SEX Male Female

ETHNIC BACKGROUND (Select one or more)

Are you Hispanic or Latino?

Yes
 No

Select one or more of the following racial categories to describe yourself:

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander

Your Contact Information

Permanent Mailing Address (This is where we will attempt to contact you if we need to.)

Street _____

City _____ State _____ Zip _____

Telephone _____ Email _____

By completing this form, you are registering for an academic course as a VCU student. The registration will be processed upon receipt and billing will be posted online on or after July 30th. Unless you withdraw from this course, you will be charged. Regardless of residency, **the tuition charge for this course is \$25**. All registered students must abide by VCU policies found at <http://www.students.vcu.edu/policies.html>

****Please complete reverse side of this form. Your signature is required to process your enrollment.****



APPLICATION FOR VIRGINIA IN-STATE TUITION

For office
use only.
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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.

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. Date of Birth _____
Last First M.I. Other (Last Name)

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. 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

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

7. 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.

8. 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)? _____

9. 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

10. 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

11. 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.)

12. 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

13. 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.)

14. 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

15. 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

16. 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

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

17. 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

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 _____

