



# UNIVERSITY of VIRGINIA

## Application for Virginia In-State Educational Privileges

Committee on Virginia Status • Office of Admission • P.O. Box 400160 • Charlottesville, VA 22904

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### INSTRUCTIONS

- Apply ONLY if you believe you are eligible for in-state tuition pursuant to the Code of Virginia, Section 23-7.4.
- **Email or fax (not both) this form and copies of supporting documents (no originals)** before the first day of the semester for which you are applying. If you cannot email or fax, mail the forms (contact information listed above).
- Incomplete or late applications will not be reviewed. The office will contact you if your application is incomplete.
- For an explanation of the appeal process, see the [website](#).

I deferred enrollment for a year or more to \_\_\_\_\_ and will begin at UVa \_\_\_\_\_.  
SCHOOL (E.G., LAW, GRAD NURSING, ETC...) SEMESTER & YEAR

### SECTION A - APPLICANT INFORMATION

1. Full Legal Name \_\_\_\_\_  
LAST OR FAMILY FIRST MIDDLE SUFFIX (III, JR.)
2. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. Gender  Male  Female
4. Are you a  U.S. Citizen  Permanent Resident  Visa Holder  Asylee  
If you are not a U.S. citizen, email or fax a copy of permanent resident card, visa, or proof of asylee status (if documents are in-process, send all available documentation). Date sent: \_\_\_\_\_
5. Primary telephone number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ 6. Email address \_\_\_\_\_

### SECTION B - PARENT, LEGAL GUARDIAN, OR SPOUSE INFORMATION

The applicant's parent, legal guardian, or spouse must complete this section if he/she has claimed the applicant as a dependent on his/her tax returns (state and federal) or has provided substantial financial support to the applicant during the past year. Note: If the applicant's parents are divorced or separated, the applicant may claim eligibility through the parent with whom he/she lives in Virginia or the parent who provides substantial financial support or the parent who claims the applicant as a tax dependent. If the applicant is financially independent or an emancipated minor, skip Section B.

1. Full Legal Name \_\_\_\_\_  
LAST OR FAMILY FIRST MIDDLE SUFFIX (III, JR.)
2. Relationship to applicant \_\_\_\_\_
3. Are you a  U.S. citizen  Permanent Resident  Visa Holder  Asylee  
If you are not a U.S. citizen, email or fax a copy of permanent resident card, visa, or proof of asylee status (if documents are in-process, send all available documentation). Date sent: \_\_\_\_\_
4. Primary telephone number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ 5. Email address \_\_\_\_\_
6. 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
7. 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

If you answered "no" to both questions 7 and 8 above, explain your response(s) at the end of the application.

### SECTION C

The applicant's parent, legal guardian, or spouse must complete Section C if he/she completed Section B. Otherwise, the applicant must complete Section C.

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 MONTH/YEAR TO MONTH/YEAR STREET ADDRESS CITY STATE ZIP CODE  
 Previous \_\_\_\_\_  
 FROM MONTH/YEAR TO MONTH/YEAR STREET ADDRESS CITY STATE ZIP CODE

3. If you have not lived in Virginia within the last two years, have you ever lived in Virginia?  Yes  No  
 from \_\_\_\_\_ to \_\_\_\_\_

4. Where have you been employed for the year prior to the term for which the applicant seeks in-state privileges?

Current \_\_\_\_\_  
 FROM MONTH/YEAR TO MONTH/YEAR NAME/ADDRESS CITY STATE HOURS PER WEEK  
 Previous \_\_\_\_\_  
 FROM MONTH/YEAR TO MONTH/YEAR NAME/ADDRESS CITY STATE HOURS PER WEEK

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 for which entitlement is sought, 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 \_\_\_\_\_  Yes  No  
 If no, are you a registered voter in any state?  Yes  No
- c. held a valid Virginia driver's license? Date issued \_\_\_\_\_  Yes  No  
 If no, are you licensed to drive in any state?  Yes  No

7. Do you own or operate a motor vehicle?  Yes  No  
 If yes, has it been registered in Virginia during all of the past year? Date registered \_\_\_\_\_  Yes  No  
 If no, where has it been registered? \_\_\_\_\_

8. ANSWER THIS QUESTION **ONLY** IF YOU OR YOUR PARENT IS A NONRESIDENT EMPLOYED IN VIRGINIA.

Do you or your parent commute from a residence outside Virginia to work full-time in Virginia and pay Virginia non-resident income tax on all taxable income earned in Virginia?  Yes  No  
 If yes, email or fax a letter verifying Virginia employment, including dates and salary, and a copy of most recent non-resident Virginia income tax return. Date sent: \_\_\_\_\_

9. ANSWER THIS QUESTION **ONLY** IF YOU, YOUR PARENT, SPOUSE OR LEGAL GUARDIAN IS IN THE MILITARY.

- a. Who is in the military?  self  parent  legal guardian  spouse
- b. Are resident Virginia income taxes being paid on all military income? If yes, as of what date? \_\_\_\_\_  Yes  No  
 If yes, email or fax a current copy of a Leave and Earnings Statement reflecting Virginia withholding. Date Sent: \_\_\_\_\_  
 Where were you, your parent, legal guardian, or spouse stationed on that date? \_\_\_\_\_
- c. Are you, your parent, legal guardian, or spouse active duty military personnel stationed to a permanent duty station in Virginia, Washington, D.C., or any state contiguous to Virginia?  Yes  No
- d. Are you, your parent, legal guardian, or spouse currently residing in Virginia?  Yes  No  
 If yes to both 9 (c) and (d), email or fax a copy of your current military orders reflecting Virginia assignment. Date Sent: \_\_\_\_\_
- e. Are you, your parent, legal guardian, or spouse retired or separated from military and living in Virginia?  Yes  No  
 If yes to both 9 (d) and (e), email or fax documentation. Date sent: \_\_\_\_\_

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

By signing this form you, your parent, legal guardian, or spouse are affirming that all the information provided is correct and true.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent, legal guardian, or spouse signature \_\_\_\_\_ Date \_\_\_\_\_

REQUIRED IF SECTION B WAS COMPLETED

Please review responses carefully before submitting this form. You will not be able to change your responses once this form is submitted.