

Application for Virginia In-State Educational Privileges

Office of Admission • P.O. Box 400160 • Charlottesville, VA 22904

POSTMARK DEADLINES

Early Decision/
January TransferNovember 1, 2006
Regular Decision.....January 2, 2007
August TransferMarch 1, 2007

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 indicated in the box at right. 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. Forms and supporting documents may be faxed to (434) 982-2663.

Your social security number is used for accurate internal tracking by the University of all applications for admission. While we request that you provide your social security number, disclosure is optional.

All applicants claiming entitlement to in-state educational privileges must complete Section A. If you are under the age of 19, or if you receive over half your financial support from your parent, spouse, or legal guardian; your parent, spouse, or legal guardian must complete Sections B and C. If you are at least age 19 and financially independent complete Sections A and C only. If you, your parent, spouse, or legal guardian is not a U.S. citizen, attach a copy of the visa or green card.

Please check a box and supply school information:

- Applicant to U.Va.'s _____ from _____
INDICATE U.VA. SCHOOL CURRENT SCHOOL OR UNIVERSITY
- Currently enrolled in U.Va.'s _____
INDICATE U.VA. SCHOOL

SECTION A (To be completed by the applicant)

- Full legal name _____
LAST OR FAMILY FIRST MIDDLE SUFFIX (III, JR.)
- Social Security number [] - [] - []
- Date of birth [] / [] / []
MONTH DAY YEAR
- Gender Female Male
- Citizenship U.S. Non-U.S. **IF NON-U.S., PROVIDE A COPY OF GREEN CARD OR VISA**
- Daytime telephone number _____
- E-mail address _____

SECTION B (To be completed by the parent, spouse, or legal guardian of financially dependent applicants. 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, please complete Section C.)

- Full legal name _____
LAST OR FAMILY FIRST MIDDLE SUFFIX (III, JR.)
- Relationship to applicant _____
- Marital status _____
- Citizenship U.S. Non-U.S. **IF NON-U.S., PROVIDE A COPY OF GREEN CARD OR VISA**
- Daytime telephone number _____
- E-mail address _____
- 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
- 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's parent, spouse, or legal guardian if the applicant is financially dependent or by the applicant if financially independent)

- How long have you lived in Virginia? _____ years _____ months
- 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
- If you have not lived in Virginia within the last two years, have you ever lived in Virginia? No Yes—from _____ to _____
- Employment information (for at least one year prior to the date 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
- 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. been a registered voter in Virginia? Date registered _____ Yes No
 - b. held a valid Virginia driver's license? Date issued _____ Yes No
 - c. filed a resident tax return or paid resident taxes to Virginia on all earned income? Yes No
- If no, explain. _____

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

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 this 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 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.

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.