

## Application for Virginia In-State Educational Privileges

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

### POSTMARK DEADLINES

Early Decision/

January Transfer ....November 1, 2005

Regular Decision.....January 3, 2006

August Transfer .....March 1, 2006

**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. 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
- c. held a valid Virginia driver's license? Date issued \_\_\_\_\_  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

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.**

- b. If the answer to 9a is no, will the applicant's non-military parent have resided in Virginia, been employed and earned at least \$10,300, paid Virginia income taxes, 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

**If yes, please submit verification of employment, including dates and salary, and a copy of your most recent Virginia tax return.**

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.