



Domiciliary Reclassification Application Form

DOMICILE AFFIDAVIT To become eligible for in-state tuition, a student shall establish by clear and convincing evidence that for a period of at least one year immediately prior to the first day of classes, he or she was domiciled in Virginia and has abandoned any previous domicile, or that the person on whom the student is legally and financially dependent was domiciled in Virginia. This form must be completed 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. Where not applicable answer N/A.

SECTION A: APPLICANT

EMPL ID: _____

1. Name of Applicant: _____
Last First Middle

2. Birthday ____/____/____
Month Day Year

2. Citizenship: ___ U.S. ___ Non-U.S. ___ Permanent Resident. If non-U.S. or Permanent Resident give VISA type and number _____
Date of VISA issue: ____/____/____ Date of VISA expiration: ____/____/____

3. How long have you lived in Virginia? _____ years, _____ months

4. Where have you lived the last two years? List current address first:

From (mo/yr) To (mo/yr) Street Address City State Zip

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

If no, go to #6. If yes, sign section E and have your parent/ legal guardian complete sections D & E

6. ___ Yes ___ No Do you wish to claim in-state tuition rates based on your Virginia domiciliary residency status?

If no, where will you retain legal domicile

? _____

State Country

If yes, continue to SECTION B. If no, go to #7

7. ___ Yes ___ No Do you wish to claim in-state tuition based on your spouse's domiciliary status?

If no, sign SECTION E. If yes, sign Section E & have your SPOUSE complete sections D & E

SECTION B: STUDENT STATUS

1. ___ Yes ___ No Will you be age 24 or older before the first day of classes?

2. ___ Yes ___ No Are you a veteran of the U.S. Armed Forces?

3. ___ Yes ___ No Will you be enrolled in a graduate or professional program (beyond a Bachelor's degree)?

4. ___ Yes ___ No Are you married or have you been married?

5. ___ Yes ___ No Are you an orphan or a ward of the court, or were you a ward of the court until age 18?

6. ___ Yes ___ No Do you have legal dependents (other than spouse)?

7. ___ Yes ___ No Are you on active duty with the military?

8. ___ Yes ___ No Have you been financially self sufficient for one year prior to the term in which you will enroll?

If yes, you may be required to furnish "clear and convincing" evidence.

If you answered yes to any question in SECTION B, please complete SECTIONS C & E. If you answered no to every question, please sign SECTION E and have your parent or legal guardian complete SECTIONS D & E.

SECTION C: DOMICILE

1. ___ Yes ___ No Will you have filed a tax return and paid income taxes on all earned income to Virginia during the past twelve months?

2. ___ Yes ___ No Will you have filed a tax return or paid income taxes to any state other than Virginia in the last 12 months?

Which state? _____ For what months? _____

3. ___ Yes ___ No For the entire twelve months prior to the term in which you will enroll, will you have been a registered voter in Virginia?

Virginia registration date: ____/____/____

___ Yes ___ No Are you a registered voter in another state? If yes, What state? _____

4. ___ Yes ___ No For the entire twelve months prior to the term in which you will enroll, will you have held a valid

Virginia Driver's license? Date issued in Virginia: ____/____/____

5. ___ Yes ___ No Do you have a Virginia DMV ID card? Date issued: ____/____/____

___ Yes ___ No Do you hold a driver's license from another state?

6. ___ Yes ___ No Do you own or operate a motor vehicle?

___ Yes ___ No If yes, was it registered in the State of Virginia for the past 12 months? Virginia registration date: ____/____/____

___ Yes ___ No Is your car registered in another state? If yes, what state? _____

7. ___ Yes ___ No Are you or your spouse now in the military?

If yes, please check: ___ Self ___ Spouse If no, please go to #8.

- Yes No a. Will Virginia income taxes have been paid on all military income for one year prior to the term in which you enroll?
 Yes No b. If your spouse is in the military and stationed in Virginia pursuant to orders, will you have resided in Virginia, earned at least the equivalent of a full-time wage salary, and paid income taxes to Virginia for at least one year prior to the term in which you will enroll? **If yes, please attach Virginia tax forms and military orders.**
8. Answer this question only if you have worked in Virginia but lived outside Virginia during the past 12 months.
 Yes No Did you file Virginia taxes on all taxable income earned in Virginia for the last tax year?
If yes, please attach Virginia tax forms. Please continue to SECTION E

SECTION D: PARENT, LEGAL GUARDIAN OR SPOUSE

1. Name of Parent/Legal Guardian or Spouse: _____
 Last First Middle
2. Relationship to Applicant: Parent Spouse Legal guardian (If legal guardian, must provide copy of court order.)
3. Citizenship: U.S. Non-U.S. Permanent Resident
 If Non-U.S. or Permanent Resident give VISA type and number: _____
 Date of VISA issue: ____/____/____ Date of VISA expiration: ____/____/____
4. How long have you lived in Virginia? _____ years, _____ months
5. Where have you lived the last two years? List current address first:
 From (mo/yr) To (mo/yr) Street Address City State Zip

6. Yes No Will you have filed a tax return and/or paid income taxes to Virginia during the past twelve months?
7. Yes No Will you have claimed the applicant as a dependent on your federal and Virginia income tax returns for the twelve months prior to the term in which the applicant will enroll?
8. Yes No Will you have provided over half of the applicants financial support for the entire 12 months prior to the term in which the applicant will enroll?
9. For the entire twelve months prior to the term in which the applicant will enroll, will you have
 Yes No A. Been a Virginia registered voter? Registration date: ____/____/____
 Yes No B. Held a valid Virginia Driver's License? Date issued: ____/____/____
10. Yes No Do you own or operate a motor vehicle?
 Yes No If yes, was it registered in the State of Virginia for the past 12 months?
 Virginia registration date: ____/____/____
11. Yes No Are you or any member of your immediate family presently in the military?

If no, please go to question 12. If yes, please check: Self Spouse
 Yes No A. Will Virginia income taxes have been paid on all military income for one year prior to the term in which the applicant will enroll?
 Yes No B. If your spouse is in the military, will you have resided in Virginia, earned at least the equivalent of a full-time wage salary, and paid income taxes to Virginia for at least one year prior to the term in which the applicant will enroll?

If yes, please attach Virginia tax forms and military orders.

12. Answer this question only if you have lived outside Virginia but work inside Virginia.
 Yes No A. Will you have lived outside Virginia, earned at least the equivalent of a full-time wage salary, and paid income taxes to Virginia for at least one year prior to the term in which the applicant will enroll?
 Yes No B. If the answer to 12 is yes, will the parent employed in Virginia have claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant will enroll?

Please complete SECTION E

SECTION E: SIGNATURES

The applicant must sign below or this application will not be processed. If SECTION D has been completed by a parent, legal guardian, or spouse, that individual must also sign below.

I certify under penalty of disciplinary action that the information I have provided is true. I agree to furnish the college with supporting documentation related to my application, if requested to do so. I understand my domicile decision may be appealed. I certify that the information I have provided is true.

Signature of Applicant _____ Date _____

Signature of Parent, Legal Guardian, or Spouse _____ Date _____

FOR OFFICE USE ONLY

Approved Disapproved Signature _____ Date _____