

# APPLICATION FOR IN-STATE TUITION

Please submit this form to: Office of the Registrar, 116 Rollins Hall, Old Dominion University, Norfolk, VA 23529-0053, FAX (757) 683-5357, e-mail [instate@odu.edu](mailto:instate@odu.edu)  
This form must be completed to determine eligibility for in-state tuition rates pursuant to Section 23-7.4 Code of Virginia. All applicable questions must be answered.

----- Submit application no later than the first day of classes of the term for which you are requesting in-state rates. -----

## SECTION A: APPLICANT

Term: Fall  Spring  Summer  Year: \_\_\_\_\_

1. Name of Applicant: \_\_\_\_\_

\_\_\_\_\_  
Last, First, Middle

2. Social Security Number: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Citizenship:  U.S.  Non-U.S. If non-U.S., give visa type. \_\_\_\_\_

5. How long have you lived in Virginia? \_\_\_\_\_

6. Daytime phone number: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you wish to claim in-state tuition rates based on Virginia domiciliary status?  Yes  No

*If yes, continue to SECTION B. If no, skip to SECTION E.*

## SECTION B: STUDENT STATUS

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

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

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

4. Are you married?  Yes  No

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

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

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

*If you answered YES to any question, please complete SECTION C.*

*If you answered NO to every question, please sign SECTION E and have your parents or legal guardians complete SECTION D & E.*

## SECTION C: DOMICILE

1. Will you have filed a tax return and paid income taxes to Virginia during the last twelve months?  Yes  No

2. For the entire twelve months prior to the term in which you will enroll, will you have been a registered voter?  
Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_  Yes  No

3. 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: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_  Yes  No

4. Do you own or operate a motor vehicle?  
If yes, was it registered in the state of Virginia?  Yes  No  Yes  No

5. Are you or any member of your immediate family presently active duty military?  Yes  No

*If no, please skip to question 6. If yes, please check:*

Self  Spouse

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

*If yes, please attach Leave and Earnings Statement (LES).*

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 you will enroll?  Yes  No

*If yes, please attach Virginia tax forms.*

c. Did your spouse provide over half of your financial support?  Yes  No

6. Answer this question only if you have worked in Virginia but lived outside Virginia during the past 12 months. Did you file Virginia taxes on all taxable income earned in Virginia for the last tax year?  Yes  No

*If yes, please attach Virginia tax forms.*

*Please skip to Section E.*

**OFFICE USE ONLY:** Processed: \_\_\_\_\_ Date \_\_\_\_\_

I \_\_\_\_\_ O \_\_\_\_\_ P \_\_\_\_\_ F \_\_\_\_\_

## SECTION D: PARENT, SPOUSE OR LEGAL GUARDIAN

1. Name of Parent/Spouse/Legal Guardian: \_\_\_\_\_  
(Last, first, middle)

2. Relationship to Applicant: \_\_\_\_\_

3. Citizenship:  U.S.  Non U.S. If non-U.S., give visa type: \_\_\_\_\_

4. How long have you lived in Virginia? \_\_\_\_\_

5. Where have you lived in the last two years? List current address first:  
From (mo/yr) To (mo/yr) Street Address City State Zip

\_\_\_\_\_  
\_\_\_\_\_

6. Will you have filed a tax return and paid income taxes to Virginia during the past twelve months?  Yes  No

7. 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?  Yes  No

8. Will you have provided over half of the applicant's financial support for the entire 12 months prior to the term in which the applicant will enroll?  Yes  No

9. For the entire twelve months prior to the term in which the applicant will enroll, will you have:  
a. been a registered voter?  Yes  No

Registration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

b. held a Virginia driver's license?  Yes  No

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

If yes, was it registered in the State of Virginia?  Yes  No

11. Are you or any member of your immediate family presently active duty military?  Yes  No

*If no, please skip to question 12. If yes, please check:*  Self  Spouse

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

*If yes, please attach Leave and Earnings Statement (LES).*

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?  Yes  No

*If yes, please attach Virginia tax forms.*

12. Answer this question only if you or your spouse have lived outside Virginia but work inside Virginia.

a. Will you or your spouse 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 (a) 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?  Yes  No

*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, spouse or legal guardian that person's signature must also appear below.

*I certify under penalty of disciplinary action that the information I have provided is true.*

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

*I certify that the information I have provided is true.*

\_\_\_\_\_  
Signature of Parent, Spouse or Legal Guardian

\_\_\_\_\_  
Date