



Office of the University Registrar
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 Norfolk, VA 23529
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 FAX: 757-683-5357

DEADLINE: _____

Date Received _____
 (office use)

PARENT OR LEGAL GUARDIAN Supplemental Application for Virginia In-State Rates

INSTRUCTIONS TO PARENT OR LEGAL GUARDIAN

This form is a request for parental information to support an applicant's claim to Virginia domiciliary status. If the applicant will be claimed as a tax dependent or will be substantially supported by parent or guardian on the first day of the term in which he or she plans to enroll, the parent or legal guardian must complete this supplementary application for Virginia status. The parent or guardian who is supporting the applicant or upon whom the applicant is dependent must fill out this form. Without this information, it will be impossible to determine whether the applicant is eligible for in-state tuition rates according to the domiciliary requirements set forth in Section 23-7.4 of the Code of Virginia.

This form and all supporting documents must be returned within fourteen days of the initial decision notification date. A decision will normally be reached within twenty-one days of receipt. Supporting documents that should routinely accompany this appeal include copies of Virginia driver and vehicle licenses. Virginia voter registration, and Virginia income tax forms. Applicants who are not U.S. citizens should also submit a copy of the visa.

The purpose of this Virginia Domiciliary Application is to determine a student's eligibility to receive in-state tuition benefits. Before completing the application you should read Section 23-7.4 of the Code of Virginia to determine eligibility for in-state tuition benefits. The statute and guidelines under which the university must operate are on reserve in the University Library. All forms are provided by the State Council of Higher Education for use by all public institutions of higher education in the state.

In order to be eligible to receive in-state tuition benefits, an applicant must have been domiciled in Virginia continuously for at least one year immediately preceding the academic term for which reduced tuition is sought. The applicant must also have the intent to remain in Virginia indefinitely.

Requests for Virginia Domiciliary Status will not be retroactively approved for previous terms.

Name of Applicant _____ Birth Date _____
last first m.i. maiden, family, other

Social Security Number _____ Term: Fall Spring Summer Year _____

1. Name of Parent or Legal Guardian _____
2. Phone _____ Relationship to Applicant _____
3. Current Address (include Zip) _____
4. Home Address (if different) _____
5. Are you a citizen of the United States? Yes No If you are not a U.S. Citizen, please specify the type of VISA you hold:
 _____ Date issued _____ Expires _____
6. Have you been a legal domiciliary (permanent resident) of Virginia for the past twelve months? Yes No If no, state of permanent residence _____
7. Will the applicant be claimed as a dependent on your federal or state income tax return for the tax year prior to the date for which in-state tuition rates are sought? Yes No
8. Will you provide over half of the applicant's financial support for the year prior to the date for which instate tuition rates are sought? Yes No If so, in what form(s) will you provide this support (e.g., tuition, books, housing, clothing, transportation, medical and dental care, etc.?) _____
9. If you are the applicant's guardian, is this by court decree? Yes No
10. Is either of the applicant's parents deceased? Mother Father Neither
11. The applicant's parents are: Married Separated Divorced Other
12. List your address(es) for the two year period preceding the term in which the applicant will enroll. List current address first.
 From/To (mo./yr.) _____ Street Address _____ City, State, Zip _____

