



Application for Virginia In-State Tuition

Return To: Office of the University Registrar
Old Dominion University
116 Rollins Hall, Norfolk, VA 23529
FAX: 757-683-5357 Phone: 757-683-4425
Email: instate@odu.edu

- This form must be completed if you are claiming entitlement to in-state tuition benefits pursuant to Section 23-7.4 of the Code of Virginia.
- Supporting documents and additional information may be requested.
- You **MUST** complete, sign, and submit this form before the first day of classes of the term for which you are applying.
- *All questions must be answered. Incomplete/unsigned applications will experience delay in processing.*

SECTION A: APPLICANT (you, the student)

Term for which you are applying for Virginia Status: Fall Spring Summer Year: 20_____

Application Status: First application for Virginia Instate Tuition Applying to be reclassified

Name: _____
(Last Name, First Name, Middle Name or Initial)

Date of Birth: _____ University ID Number: _____ Social Security Number: _____
(if known) (optional – for Federal reporting purposes)

Email Address: _____ Daytime Phone: _____

CURRENT ADDRESS

From (mm/yy): _____ Street Address: _____
To (mm/yy) _____ City, State, Zip _____
Country _____

PREVIOUS ADDRESS

(Only necessary if you have lived at your current address less than two years.)

From (mm/yy): _____ Street Address: _____
To (mm/yy) _____ City, State, Zip _____
Country _____

1. How long have you lived in Virginia? More than 365 days Less than 365 days

If Less than 365 Days . . . STOP! . . . You are NOT eligible for Virginia in-state tuition .

Please sign and date below and return form to the Office of the Registrar.

If 365 days or more . . . Continue to Question 2.

2. Do you (the student) wish to claim in-state tuition rates based on your residency status in Virginia?

YES . . . Continue to Question 3.

NO . . . STOP! . . . Please sign and date below, and return form to the Office of the Registrar.

By answering “NO,” you are choosing not to apply for in-state tuition rates and will be charged out-of-state tuition.

3. Citizenship: U.S. Permanent Resident Non-U.S. Citizen

If non-U.S. citizen, please specify Visa Type _____ Exp. Date _____ (please provide copy of I-94)

4. Are you (the student) a non-U.S. citizen with one of the following visa classifications: F-1, J-1, or Undocumented (no visa and not a U.S. citizen or permanent resident)?

YES . . . STOP! You are NOT eligible for Virginia in-state tuition privileges. Please sign below and return form.

NO . . . Continue to Question 4.

5. Are you (the student) a military dependent or are you on active duty with the military?

NO . . . Continue to Section B.

YES . . . STOP! Please sign, date, and return this form along with the Active Duty **OR** Military Dependent Tuition Benefit Forms you will find at the link below. Return **all** forms with requested documentation. Your tuition status will be determined based upon the information you provide. Until then, your account will display out-of-state tuition rates.

<http://www.odu.edu/ao/registrar/instate/military/index.shtml>

Section B: STUDENT STATUS

- 1. Will you 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 any legal dependents (other than a spouse)? Yes No
- 7. Did you file an individual Federal tax return last year (no one claimed you as a dependent)? Yes No

*If you answered Yes to **any** question, go to Section C and complete for yourself.*

If you answered No to every question . . . STOP . . . sign below and have your parent or legal guardian complete Sections C and D.

Section C: RESIDENCY

Who is completing Section C?

Check One: Applicant: Parent Spouse Legal Guardian (please attach proof of legal guardianship)

- 1. Name: _____

Last
First
Middle
- 2. Citizenship: U.S. Non-U.S. If non-U.S., give visa type: _____
- 3. How long have you lived in Virginia? Greater than 365 days Less than 365 days
- 4. Where have you lived in the last two years?

CURRENT ADDRESS

From (mm/yy): _____ Street Address: _____
 To (mm/yy) _____ City, State, Zip _____
 Country _____

PREVIOUS ADDRESS

(Required if you have lived at your current address less than two years.)

From (mm/yy): _____ Street Address: _____
 To (mm/yy) _____ City, State, Zip _____
 Country _____

- 5. Do you have the present intention to remain indefinitely in Virginia? Yes No
- 6. Will you have filed a tax return and paid income taxes to Virginia during the last 12 months? Yes No
- 7. Do you have a valid Virginia driver’s license? Yes No
 If **Yes**, will you have held that license for the entire 12 months prior to the first day of applicant’s classes? Yes No
- 8. Are you a registered Virginia voter? Yes No
 If **Yes**, will you have been a registered VA voter for the entire 12 months prior to the first day of applicant’s classes? Yes No
- 9. Do you own a motor vehicle that is registered in the state of Virginia? Yes No
 If **Yes**, will you have owned this vehicle for the entire 12 months prior to the first day of applicant’s classes? Yes No

Questions 10 and 11 are for the Parent, Spouse or Legal Guardian

- 10. Will you have claimed the applicant as a dependent on your federal and Virginia income taxes during the last 12 months? Yes No
- 11. Will you have provided over half of the applicant’s financial support during the last 12 months? Yes No

Section D: SIGNATURES

The applicant must sign below. If **Section C** has been completed by a parent, spouse or legal guardian that person must also sign below. To “sign” this document electronically, click the signature field and enter your name and the date you are completing the form. Using this method is considered the same as your handwritten signature. You may also enter a digital signature if you have one.

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

Signature of Applicant (student)

Date

Signature of Parent, Spouse, or Legal Guardian

Date