



APPLICATION FOR ADMISSION

For Office Use Only	
Empl. ID	_____
IS	OS _____
Staff Initial	_____
Date	_____

Please Note: In compliance with the Sex Offender and Crimes Against Minors Registry, a portion of this information will be submitted to the Virginia State Police.

- Name: _____
 First _____ Full Middle _____ Last _____
 - Social Security Number: _____ - _____ - _____
See privacy statement, which can be obtained in the Admissions Office.
 - Former name: _____
 First _____ Full Middle _____ Last _____
 - Date of birth: _____ / _____ / _____
 (Month) (Day) (Year)
 - Have you previously attended, applied for admission to, or been employed by any Virginia Community College?
 _____ Yes _____ No **If yes, SIS ID (Empl ID), if known:** _____
 - In what type of class will you be enrolling? _____ Credit classes _____ Non-credit/CEU classes
 - What college do you plan to attend? _____ (if applicable)
 - Prefix: _____ Mr. _____ Miss _____ Ms. _____ Mrs. _____ Dr.
 - Suffix: _____ Jr. _____ Sr. _____ II _____ III _____ IV _____ V _____ Esq. _____ Ph.D. _____ DVM
 - What term will you begin classes? : 20____ Term: _____ Fall (Aug-Dec) _____ Spring (Jan-May) _____ Summer (May-Aug)
 - Phone (include area code): (_____) _____ - _____
 - Mailing address: _____
 (Street) (City) (State) (ZIP) (Country, if not USA)
 - County, City, State or Country of Residence: _____
Provide what you consider to be your location of residence. If you temporarily relocated to your current address to get an education, you should provide your previous location.
 - Email address: _____
This address will be your unofficial e-mail address; you will be assigned an official e-mail address after your application has been entered in the Student Information System.
 - Business phone (if employed): (____) _____ - _____ extension: _____
 - Employer (if employed): _____
 - Gender: _____ Male _____ Female
 - Is English your native language? _____ Yes _____ No
 - U.S. Citizen Status:** _____ Native _____ Naturalized _____ Alien Permanent _____ Alien Temporary _____ Not reported or Not living in the U.S.
- Note: If you have been a U.S. Citizen since birth, choose Native. If you became a U.S. Citizen after birth, choose Naturalized. If you are not a U.S. Citizen, choose one of the types of alien statuses based on your visa. "Alien Permanent", "Alien Temporary" or "Not reported or Not living in the US" applicants must complete the remainder of the question on Citizen Status.**
- Country of Citizenship?** _____ **Permanent Status:** _____ Resident Alien _____ Asylee _____ Refugee A#: _____
- Visa Type: _____ Visa Expiration Date: _____
 (Month) (Day) (Year)
- If you chose "Not reported or Not living in the US," what Visa Status are you requesting? _____
- Ethnic group: _____ White _____ Black/African American _____ Hispanic/Latino _____ Asian _____ American Indian/Alaska Native _____ Native Hawaiian/Other Pacific Islander
 - Military information: _____ No Military Service _____ Spouse _____ Dependent _____ Active duty _____ Active reserves _____ Inactive reserves _____ Retired _____ Veteran/VA Ineligible _____ Veteran Branch: _____

Please complete the rest of this form if you plan to pursue a credit program of study or credit classes. If you selected "non-credit", please sign and date the application. If you wish to be considered for in-state tuition rates, certain contract rates, or are planning to apply for Senior Citizen benefits, you must also complete the Application for In-State Tuition.

22. Secondary Education Type: High School GED Program Home Schooling

Secondary Education: School/Agency Name: _____

Located in: _____
City/County State Country

GED or High School Graduation Date: _____ Anticipated Graduation Date: _____
mm/yy mm/yy

Non-Graduate: Highest grade completed: _____ Date completed: _____
mm/yy

Type of high school diploma or certificate: General Other Don't Know

Please use the following types of diplomas or certificates: General Diploma (Includes: Advanced Studies, Standard, Modified Standard, or GED), Other (Includes: Special Diploma or Certificate of Completion), or Don't Know

23. Do you plan to pursue a degree, certificate, or diploma? Yes No

If yes, then identify your plan of study (refer to the college's list of plans): _____

(Financial Aid students must check yes and enroll in an approved plan of study). (Include specialization/sub-plan, if applicable).

If No, give reason for taking classes: **(Check only one)**

- Upgrading current job skills Developing skills for new job Exploring career options
- Pursuing personal interest or general knowledge Currently pursuing degree at another college (transient/visitor)
- Planning to pursue a degree at another college (non-degree/transfer)

High School Applicants: Dual Enrollment Principal Permission Dual Enrollment/Principal Permission

24. Colleges/Universities attended. If you have taken any college classes, please list all colleges attended with most recent first. Indicate any degrees earned in the last column with an **A** for Associate, **B** for Bachelor's, **M** for Master's, **D** for Doctorate or **P** for Professional Degree. If you have not earned a degree, leave the Degrees column blank.

College or University	City, State/Country (if not USA)	Dates Enrolled	Degrees
		-	
		-	
		-	
		-	

25. Are you eligible to enroll at the last college attended? Yes No

26. What campus do you plan to attend? _____ (If College has more than one campus, indicate the campus you plan to attend).

27. Do you want to apply for in-state tuition rates? Yes No
Selecting NO will cause you to be charged higher out-of-state tuition rates.
Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia.
Please contact the college admissions office if you have any questions.

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ **Date:** _____

Parent/Legal Guardian's Signature: _____ **Date:** _____
(If under 18 years of age)

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), disability, national origin or other non-merit factors. Employer, date of birth, sex, and race information are used for research, reporting and management of student records.

Application for In-state Tuition

Eligibility for in-state tuition is pursuant to Section 23-7.4, [Code of Virginia](#).
Please contact the college admissions office if you have any questions.

1. Applicant's Name: _____ Date of birth: _____ / _____ / _____
(First) (Full Middle) (Last) (mm) (dd) (yy)
2. Please choose the domicile on which you want to base your eligibility for in-state tuition:
() **Parent's Domicile:** Choose this option if you receive over half of your financial support or you are claimed as a tax dependent by your parents.
() **Legal Guardian's Domicile:** Choose this option if you are under the custody of a court-appointed legal guardian.
() **Spouse's Domicile:** Choose this option if you are married and want to claim eligibility for in-state tuition based on your spouse's domicile.
() **Your Domicile:** Choose this option if you want to claim eligibility for in-state tuition based on your own domicile.
If you are under the age of 24, your eligibility must be based on your parent or legal guardian unless one of the following applies: (Check all that apply.) You may be required to supply "clear and convincing evidence" of your status.
() I am a veteran or active duty member of the U.S. Armed Forces.
() I have legal dependents other than my spouse.
() I am a ward of the court or was a ward of the court until age 18.
() I am enrolled in graduate school.
() I am married.
() Both of my parents are deceased and I have no adoptive or legal guardian.
() I can present clear and convincing evidence that I am financially self-sufficient.
3. Provide the name of the person upon whom you are basing your domicile: _____
(First) (Middle) (Last)
4. Answer the following questions. For the entire 12 months prior to the term in which you enroll, will the person listed above:
... continuously lived in and continue to live in Virginia? () Yes () No
... filed a tax return or paid income taxes to Virginia? () Yes () No Income () Income in another state
... been a United States citizen? () Yes () No
... **If "No"**, been a permanent alien resident? () Yes () No **If "Yes"**, provide the A#: _____
... been registered to vote in Virginia? () Yes () Not Registered to Vote () Registered in another state
... held a valid Virginia driver's license or Virginia DMV ID? () Yes () No license or ID () Licensed in another state
... owned or operated a motor vehicle registered in Virginia? () Yes () No Vehicle () Registered in another state
... **lived outside of Virginia**, but worked in Virginia, earned at least the equivalent of a full-time wage salary, and paid Virginia income taxes on all taxable income in this Commonwealth? () Yes () No
... filed a tax return or paid income taxes to a state other than Virginia? () Yes () No **If yes**, paid or filed in what state? _____
5. Is the person listed above on active duty with the military? () Yes () No
If yes, provide the state listed on the Leave and Earnings Statement (LES) and the date when it became effective for this state:
State: _____ Effective Date: _____ (mm/dd/yy)
Is the person listed above stationed in Virginia pursuant to orders? () Yes () No
If yes, provide the reporting date listed on the orders to Virginia. _____ (mm/dd/yy)
If yes, will the spouse of the person listed above have resided in Virginia, earned at least the equivalent of a full-time wage salary and paid income taxes to Virginia for one year prior to the start of the term in which you will enroll? () Yes () No
6. Has the person listed above retired or been discharged from the military? () Yes () No
If yes, provide the retirement or discharge date. _____ (mm/dd/yy)
7. Is the spouse of the person listed above on active duty with the military? () Yes () No
If yes, provide the state listed on the Leave and Earnings Statement (LES) and the date when it became effective for this state:
State: _____ Effective Date: _____ (mm/dd/yy)
Is the spouse of the person listed above stationed in Virginia pursuant to orders? () Yes () No
If yes, provide the reporting date listed on the orders to Virginia. _____ (mm/dd/yy)
If yes, will the person listed above have resided in Virginia, earned at least the equivalent of a full-time wage salary and paid income taxes to Virginia for one year prior to the start of the term in which you will enroll? () Yes () No
8. Has the spouse of the person listed above retired or been discharged from the military? () Yes () No
If yes, provide the retirement or discharge date. _____ (mm/dd/yy)

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant

Date

Signature of Parent, Legal Guardian or Spouse Date