

APPLICATION FOR RE-CLASSIFICATION OF STUDENT'S DOMICILE STATUS

NAME OF APPLICANT _____
SOCIAL SECURITY # _____ **EMPL ID** _____

This application is to present your appeal for the eligibility for in-state tuition. You may not request Virginia domiciliary status retroactively or for previous terms. The appeal should be submitted two weeks before the beginning of the semester. Continuing students should submit appeals by:

August 1 for fall semester
 December 1 for spring semester
 April 1 for summer session

- If you are 24 years old and financially independent by the first day of the next semester, you must complete the Student Appeal Form.
- If you are under 24 years old and unmarried or are financially dependent on your parents/legal guardians or spouse by the first day of the next semester, you must complete the Student Appeal Form and your parent, legal guardian or supporting spouse must complete the Parent/ Legal Guardian or Supporting Spouse Form.

The completed form(s) and supporting documentation will be reviewed in compliance with Section 23-7.4 of the Code of Virginia to determine your eligibility. A copy of the Code and the State regulations can be viewed at a Student Success Center or at our web site: www.reynolds.edu under Paying for College. Incomplete information and/or inadequate documentation will cause delays in processing and may negatively affect the College's decision.

Section 2.12 of the SCHEV Guidelines states that in cases where a student has knowingly provided erroneous information, the College may change the student's status retroactively to the term for which the fraudulent application was filed, bill for the tuition differential, and take action for dismissal.

If you need assistance completing this form, contact the Domicile Review Officer at 523-5029. Return the form and supporting documents to: Central Admissions and Records, P O Box 85622, Richmond, VA 23285-5622, or to a Campus Success Center.

Information and documentation to be returned to Central Admissions and Records by: _____

<input type="checkbox"/> Parent's <input type="checkbox"/> Spouse's <input type="checkbox"/> Student's	Copy of current federal income tax return
<input type="checkbox"/> Parent's <input type="checkbox"/> Spouse's <input type="checkbox"/> Student's	Copy of current state income tax return
<input type="checkbox"/> Parent's <input type="checkbox"/> Spouse's <input type="checkbox"/> Student's	Copy of Virginia's driver's license
<input type="checkbox"/> Parent's <input type="checkbox"/> Spouse's <input type="checkbox"/> Student's	Copy of Virginia voter's registration card
<input type="checkbox"/> Parent's <input type="checkbox"/> Spouse's <input type="checkbox"/> Student's	Copy of Virginia motor vehicle registration
<input type="checkbox"/> Parent's <input type="checkbox"/> Spouse's <input type="checkbox"/> Student's	Copy of document to verify date you first moved to Virginia (i.e. apartment lease/house closing statement, official employment verification, etc.)
<input type="checkbox"/> Parent or Legal Guardian <input type="checkbox"/> Spouse	Complete Parent/Legal Guardian or Spouse Supplemental Application

STUDENT APPEAL FORM

Date of Application _____ EMPL ID _____ Social Security No. _____

Full Name: _____
Last
First
MI
Maiden, Family, or Other

Current Address: _____

Email Address: _____

Telephone Number(s): Home _____ Work _____

Date of Birth: _____ Marital Status: _____ Sex: _____

Citizenship: (a) Choose one: U.S. Citizen Permanent Resident
 Political Asylum/Refugee Temporary Visa Other
 (b) If you are not a U.S. citizen, please specify:

Country of Origin Type of Visa Date of Issue Expiration Date

1. Residency in Virginia:

From Month/Day/Year	To Month/Day/Year	City and State

2. Residency outside Virginia:

From Month/Day/Year	To Month/Day/Year	City and State

3. If you have lived **outside of Virginia** during the past five years, please explain:

4. **Education:** List ALL high schools, colleges and universities attended and indicate classification (in-state or out-of-state tuition).

School	From Mo/Yr	To Mo/Yr	State	Degree Earned	Classification

5. **Attendance at J. Sargeant Reynolds Community College:**

(a) Date of application: _____

6. **Status during the past year:** Student: full-time _____ part-time _____ none _____
 (Check all that apply) Employment: full-time _____ part-time _____ none _____

7. **Employment:** List all employment during the last three years:

Employer	Hrs/Wk	City and State	From M/D/Y	To M/D/Y	Salary

8. **Were state income taxes withheld from your income for the prior tax year?**

YES [] NO []. If YES: To what state? _____ Beginning on what date: _____

9. **Did you file a Virginia state tax return for the most recent tax year?** YES [] NO []

If YES: Did you file as a:

Resident [] Non-resident [] Part-year resident [] Year: _____

If no: Please explain _____

10. **Are you a registered voter?**

YES [] NO [] If YES, in which state? _____ Registration Date: _____

11. **Did you own or operate a motor vehicle during the past year?**

YES [] NO [] If YES: Was it registered in Virginia in the past year? YES [] NO []

If NO: In which state was it registered during the past year? _____

Date registered: _____ in whose name was it registered? _____

12. **Do you have a valid Virginia driver's license?** YES [] NO [] Date issued: _____

14. **Military Service:**

(a) Are you a member of the armed forces? YES [] NO []

(b) Are you a dependent of a military parent or spouse? YES [] NO []

(c) Provide your military information:

	Applicant	Parent/spouse
1. Date of entering service		
2. Home of record on entering		
3. Changes in home of record (dates and states)		
4. Duty Station		
5. Expected date of discharge		
6. State currently claimed for tax purposes (date)		
7. State to which you last paid tax on your military income		

15. Are you requesting a special tuition rate as the employee of an agency or institution that has a special tuition-rate contract with this J. Sargeant Reynolds Community College?

YES [] NO [] Name of Employer: _____

16. Why did you move to Virginia?

17. Do you intend to remain in Virginia indefinitely? YES [] NO []

If **YES**, please list any additional factors including social or economic ties to Virginia which you believe should be considered:

18. Have you accepted an offer of full-time employment with a Virginia employer? YES [] NO []

Name and address of employer:

* * * * *

I hereby certify that the information given is true and accurate. I also understand that if I provide erroneous information in an attempt to evade payment of out-of-state fees, I shall be charged out-of-state fees for each term attended and may be subject to dismissal from the institution.

Student's Signature

Date

PARENT/LEGAL GUARDIAN OR SUPPORTING SPOUSE FORM

If the applicant is or has been claimed as a tax dependent or has been substantially supported by his/her parent or legal guardian, or spouse, this form must be completed. This information is necessary to determine whether the applicant is eligible for in-state tuition rates as a dependent as set forth in Section 23-7.4 of the Code of Virginia.

Please submit supporting documentation with this form. The application must be submitted prior to the first day of classes for the semester or term. Requests for a change in Virginia domiciliary status will not be accepted for a previous term.

NAME OF APPLICANT: _____ **Social Security No.** _____

1. Name of Parent/Legal Guardian or Supporting Spouse

You are applicant's (select one): parent guardian spouse

2. Current Address:

CityStateZip Code

3. Permanent Address (if different):

Street, City, State, Zip Code

4. Telephone Number(s): Home _____ Work _____

5. Are you a citizen of the United States? YES [] NO [] If you are not a U.S. Citizen, list your immigration status:

Type: _____ **Expiration Date:** _____

6. Was the applicant claimed as a dependent on your federal income tax return for the previous tax year? YES [] NO [] Tax Year _____

7. Do you provide over half of the applicant's financial support? YES [] NO []

(e.g., tuition, books, housing, clothing, car payments, transportation, medical/dental care, insurance, etc.) **If YES**, please provide a brief explanation:

8. If you are the applicant's guardian, is this by court decree? YES [] NO [] (attach copy)

9. Employment information:					
Employer	Hrs/Wk	Address	From M/D/Y	To M/D/Y	Salary

10. **Were Virginia state income taxes withheld from your income during the past year?**
 YES [] NO [] If YES, Tax Beginning: _____
 Month/ Day/ Year
11. **Did you file a state income tax return to Virginia for the past two years:?**
 YES [] NO [] If YES, Tax Years: _____
 If NO, to which state _____
12. **If you filed a Virginia state income tax return for the most recent tax year, did you file as a:**
 Resident [] Non-resident [] Part-year resident [] did not file []
13. **Are you registered to vote? YES [] NO [] If YES:**
 a. **Where are registered to vote?** City/County _____ State _____
14. **Do you have a valid Virginia driver's license? YES [] NO [] If YES:**
 When was it first issued? Month _____ Year _____
15. **Do you operate a motor vehicle? YES [] NO [] If YES:**
 a. In which state was it registered? _____
 b. Date of registration _____
16. **Do you own real property (home) in Virginia? YES [] NO [] If YES:**
 a. County/City _____
 b. Purchase date: _____
17. **If you have served in the military within the last five years, provide the following information:**
 a. Date of entering service _____
 b. Home of record _____
 c. Current duty station _____
 e. State income tax withholding listed on LES _____
18. **Do you have an intention to remain in Virginia indefinitely? YES [] NO []**
 To support your answer please discuss your reasons for wanting to stay in or leave Virginia:

* * * * *

I hereby certify that the information given is true and accurate. I also understand that if I provide erroneous information in an attempt to evade payment of out-of-state fees, out-of-state fees will be charged to the student for each semester/term attended.

Parent _____ Date _____

(or) Legal Guardian _____ Date _____

(or) Supporting Spouse _____ Date _____