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: ______

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<th>Parent’s</th>
<th>Spouse’s</th>
<th>Student’s</th>
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<td>Copy of current federal income tax return</td>
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<td>Copy of current state income tax return</td>
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<td>Copy of Virginia voter’s registration card</td>
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<td>Copy of Virginia motor vehicle registration</td>
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<td>Copy of document to verify date you first moved to Virginia (i.e. apartment lease/house closing statement, official employment verification, etc.)</td>
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<td>Complete Parent/Legal Guardian or Spouse Supplemental Application</td>
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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) [ ] U.S. Citizen [ ] Permanent Resident [ ] Political Asylum/Refugee

[ ] Temporary Visa [ ] Other

(b) If you are not a U.S. citizen, please specify:

<table>
<thead>
<tr>
<th>Country of Origin</th>
<th>Type of Visa</th>
<th>Date of Issue</th>
<th>Expiration Date</th>
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1. Residency in Virginia:

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<tr>
<th>From Month/Day/Year</th>
<th>To Month/Day/Year</th>
<th>City and State</th>
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2. Residency outside Virginia:

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<th>From Month/Day/Year</th>
<th>To Month/Day/Year</th>
<th>City and State</th>
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3. If you have lived outside of Virginia during the past five years, please explain:

_______________________________________________________________________
_______________________________________________________________________

JSRCC Form 11-0010 03/08
4. **Education:** List ALL high schools, colleges and universities attended and indicate classification (in-state or out-of-state tuition).

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<thead>
<tr>
<th>School</th>
<th>From Mo/Yr</th>
<th>To Mo/Yr</th>
<th>State</th>
<th>Degree Earned</th>
<th>Classification</th>
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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:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Hrs/Wk</th>
<th>City and State</th>
<th>From M/D/Y</th>
<th>To M/D/Y</th>
<th>Salary</th>
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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: 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:
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<th></th>
<th>Applicant</th>
<th>Parent/spouse</th>
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<tr>
<td>1. Date of entering service</td>
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<td>2. Home of record on entering</td>
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<td>3. Changes in home of record (dates and states)</td>
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<td>4. Duty Station</td>
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<td>5. Expected date of discharge</td>
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<tr>
<td>6. State currently claimed for tax purposes (date)</td>
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<tr>
<td>7. State to which you last paid tax on your military income</td>
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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: parent      guardian       spouse (circle one)

2. Current Address:
   ___________________________________________________________________
   __________________________________  __________________________________  ____________
   City                State                                           Zip

3. Permanent Address (if different):
   ___________________________________________________________________
   __________________________________  __________________________________  ____________
   City                  State                                                    Zip

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.)
   ___________________________________________________________________

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

9. Employment information:

<table>
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<tr>
<th>Employer</th>
<th>Hrs/Wk</th>
<th>Address</th>
<th>From M/D/Y</th>
<th>To M/D/Y</th>
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JSRCC Form 11-0010  03/08
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 you 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 _______________