



# 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.**

1. Name: \_\_\_\_\_  
Prefix First Full Middle Last Suffix

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 See privacy statement, which can be obtained in the Admissions Office.

3. Former name: \_\_\_\_\_  
First Full Middle Last

4. Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)

5. Which college/campus do you plan to attend? \_\_\_\_\_ College /Campus \_\_\_\_\_

6. In what type of class will you be enrolling? \_\_\_\_\_ Credit classes \_\_\_\_\_ Non-credit/CEU classes

7. What term do you plan to begin classes? 20\_\_ Term: \_\_\_\_\_ Fall (Aug-Dec) \_\_\_\_\_ Spring (Jan-May) \_\_\_\_\_ Summer (May-Aug)

8. Have you previously attended, applied for admission to, or been employed by any Virginia Community College?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes **If yes, SIS ID (Empl ID), if known:** \_\_\_\_\_

9. Primary Phone (include area code): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

10. Mailing address: \_\_\_\_\_  
(Street) (City) (State) (ZIP) (Country, if not USA)

11. Current 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.**

12. Have you lived in Virginia for the last twelve months? \_\_\_ Yes \_\_\_ No-Where else did you live? \_\_\_\_\_  
(US state or Foreign country).

13. Email address: \_\_\_\_\_ **This address will be your unofficial e-mail address; you will be assigned an official VCCS e-mail address after enrolling in a qualifying class.**

14. Emergency Contact Information: \_\_\_\_\_  
First Name Last Name Relationship Phone Number Extension

15. Employer (if employed): \_\_\_\_\_

16. Business phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext.: \_\_\_\_\_

17. Ethnicity: \_\_\_ White \_\_\_ Black/African American \_\_\_ Hispanic/Latino \_\_\_ Asian \_\_\_ American Indian/Alaska Native  
 \_\_\_ Native Hawaiian/Other Pacific Islander

18. Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

19. 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: \_\_\_\_\_ If you chose "Not reported or Not living in the US," what Visa Status are you requesting? \_\_\_\_\_

20. Primary Language: \_\_\_\_\_ English \_\_\_\_\_ Other

21. Military status: \_\_\_\_\_ No Military Service \_\_\_\_\_ Spouse \_\_\_\_\_ Dependent \_\_\_\_\_ Active duty \_\_\_\_\_ Active reserves  
 \_\_\_\_\_ Inactive reserves \_\_\_\_\_ Retired \_\_\_\_\_ Veteran/VA Ineligible \_\_\_\_\_ Veteran  
 Branch: \_\_\_\_\_ Date of Entry: \_\_\_\_\_

**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.**

22. High School Information

High School (graduated or currently enrolled)  
 High School \_\_\_\_\_ Actual or Anticipated Graduation Date \_\_\_\_\_  
mm/yy

Diploma Type:  Standard  Modified Standard  General Achievement  Advanced Studies  Other  
 Other (Includes: Special Diploma or Certificate of Completion), or Don't Know

Home School (graduated or currently enrolled)  
 State \_\_\_\_\_ Actual or Anticipated Graduation Date \_\_\_\_\_

GED  
 State \_\_\_\_\_ Award Date \_\_\_\_\_  
mm/yy

No High School diploma or GED  
 Last Date Attended: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_  
mm/yy

23. Colleges/Universities attended. If you have taken any college classes, please list the 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

24. Were you suspended or dismissed from the last college you attended?  Yes  No

25. Family Educational Background:  
**Father's Highest Education:**  Do Not Know  Less than High School  Attended High School  
 Graduated from High School  Attended College  Associate's Degree  Received a Bachelor's Degree  
 Received a post-Bachelor's Degree

**Mother's Highest Education:**  Do Not Know  Less than High School  Attended High School  
 Graduated from High School  Attended College  Associate's Degree  Received a Bachelor's Degree  
 Received a post-Bachelor's Degree

26. Educational Goals: *(Financial Aid students must check "yes" and enroll in an approved plan of study. Include specialization/sub-plan, if applicable).*  
 I plan to pursue a degree, certificate, or diploma from my community college. Plan of study \_\_\_\_\_  
(refer to the college's list of Plans).

I do not plan to pursue a degree at this time. 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)

27. **High School Applicants:**  Dual Enrollment  Principal Permission  Dual Enrollment/Principal Permission

*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.*



# DOMICILE DETERMINATION FORM

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.

All students taking credit classes must complete this portion of the application.

- Applicant's Name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 First Full Middle Last (mm) (dd) (yy)
  - Are you a U.S. Citizen? \_\_\_\_ Yes \_\_\_\_ No If "No", are you a permanent resident? \_\_\_\_ Yes \_\_\_\_ No  
 If "Yes," what is your "A number"? \_\_\_\_\_ If "No," what is your immigration status? \_\_\_\_\_
  - Are you on active duty in the U.S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No If "Yes", is Virginia listed on your Leave and Earning Statement? \_\_\_\_ Yes \_\_\_\_ No  
 Date of Entry: \_\_\_\_/\_\_\_\_/\_\_\_\_ Official Duty Station: \_\_\_\_\_ Reporting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration of Orders: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 State
  - Are you the dependent of an active duty member in the U.S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No; If "Yes",  
 Is Virginia listed on your Leave and Earning Statement? \_\_\_\_ Yes \_\_\_\_ No Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_  
 Reporting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration of Orders: \_\_\_\_/\_\_\_\_/\_\_\_\_ State
  - Are you retired or discharged from the U.S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No If "Yes," date of discharge/retirement? \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Are you the dependent of someone retired or discharged from the U.S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No  
 If "Yes," what was the date of discharge/retirement? \_\_\_\_/\_\_\_\_/\_\_\_\_
  - For Students Under the Age of 24 (if you are 24 or older, skip to 8)  
 **Parent:** My parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.  
 **Legal Guardian's:** My court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.  
 **Spouse:** I want to claim eligibility for in-state tuition based on my spouse's domicile.  
 **Self:** I want to claim eligibility based on my 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.  Both of my parents are deceased and I have no adoptive or legal guardian.  
 I have legal dependents other than my spouse.  I am financially self-sufficient.  
 I am a ward of the court or was a ward of the court until age 18.  I have a bachelor's degree and I am working on a graduate degree.  
 I am married.
  - For Students 24 or older  
 **Self:** I want to claim eligibility based on my own domicile.  
 **Spouse:** I want to claim eligibility for in-state tuition based on my spouse's domicile.
  - Provide the name of the person upon whom you are basing your domicile: \_\_\_\_\_  
 (First) (Middle) (Last)
- Using the above person's information, answer the questions below.**
- Is the above person a U.S. citizen? \_\_\_\_ Yes \_\_\_\_ No If "No," is he/she a permanent resident? \_\_\_\_ Yes \_\_\_\_ No  
 If "Yes," what is his/her "A number"? \_\_\_\_\_ If "No," what is his/her immigration status? \_\_\_\_\_
  - Is the above person on active duty in the U.S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No; If "Yes":  
 Is Virginia listed on your Leave and Earning Statement? \_\_\_\_ Yes \_\_\_\_ No  
 Date of Entry: \_\_\_\_/\_\_\_\_/\_\_\_\_ Official Duty Station: \_\_\_\_\_ Reporting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration of Orders: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - Is the above person retired or discharged from the U.S. Armed Forces? \_\_\_\_ Yes \_\_\_\_ No  
 If "Yes," date of discharge/retirement? \_\_\_\_/\_\_\_\_/\_\_\_\_ State on LES prior to discharge: \_\_\_\_\_
  - Is the above person a dependent of someone retired or discharged from the Military? \_\_\_\_ Yes \_\_\_\_ No  
 If "Yes", date of discharge/retirement? \_\_\_\_/\_\_\_\_/\_\_\_\_ State on LES prior to discharge: \_\_\_\_\_
  - Has the above person lived in Virginia for the last 12 months? \_\_\_\_ Yes \_\_\_\_ No
  - For the last year, did the above person (select only one):  
 \_\_\_\_ file Virginia income taxes on all earned income \_\_\_\_ was a resident in a state without income tax  
 \_\_\_\_ file as a resident in another state \_\_\_\_ had no taxable income  
 \_\_\_\_ file as a resident in Virginia and as a non-resident in another state
  - For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$10,712 of earned income?  
 \_\_\_\_ Yes \_\_\_\_ No

**For the last year, has the above person:**

- held a Virginia Drivers license or Virginia DMV ID? \_\_\_\_ Yes \_\_\_\_ No. If "No," has the above person held a Drivers license or DMV ID to any other state? \_\_\_\_ Yes \_\_\_\_ No
- owned or operated a motor vehicle in Virginia? \_\_\_\_ Yes \_\_\_\_ No. If "No," has the above person owned or operated a motor vehicle in any other state? \_\_\_\_ Yes \_\_\_\_ No
- been registered to vote in Virginia? \_\_\_\_ Yes \_\_\_\_ No. If "No," has the above person been registered to vote in another state? \_\_\_\_ Yes \_\_\_\_ No

**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  
 (If under 24 years old)