VCU Strategic Enrollment Management and Global Initiatives

Application for Change of Domicile

Instructions and Procedures

1. **Complete the application form answering all questions/items.**
   Statements regarding special or unique conditions should be included on separate pages.

2. **Dependent/Independent students:** Supporting documentation is required and must be enclosed with the application form. These include copies of:
   - Student's Virginia income tax return
   - Student's Federal income tax return
   - Student's rental agreement/lease/deed
   - Student's Virginia driver's license
   - Student's voter registration card
   - Student's auto registration card and personal property tax receipt
   - Student's real estate tax receipt
   - Student's financial aid notification
   - Student's year-to-date payroll documentation
   - Immigration documents (non-U.S. Citizen)
   - Military orders, change of legal residence certificate, leave and earnings statement
   - Waiver of confidentiality
   - History
   - Budget
   - Acknowledgement

**If student or spouse owns real estate, attach a copy of deed, note and sign GLBA waiver.*

Please note: Students under the age of 24 are required to supply parents' federal and state tax forms.

3. **Dependent students:** The Spouse, Parent or Legal Guardian Supplemental Form must be completed by the appropriate individual. Supporting documentation for this individual is required and must be enclosed with the application form. These include copies of:

- Virginia income tax return
- Federal income tax return
- Rental agreement/lease/deed
- Virginia driver's license
- Voter registration card
- Auto registration card and personal property tax receipt
- Real estate tax receipt
- Year-to-date payroll documentation
- Immigration documents (non-U.S. Citizen)
- Military orders, change of legal residence certificate, leave and earnings statement
- Waiver of confidentiality
- History

- Acknowledgement

**If student or spouse owns real estate, attach a copy of deed, note and sign GLB waiver.*

4. **Application submission**
   Application, including documentation, must be submitted prior to the end of the Add/Drop period of the semester to:

   Residency Appeals Officer
   Virginia Commonwealth University
   P.O. Box 842520
   1015 Floyd Ave., Richmond, VA 23284-2520

   Applications are reviewed only for the specified semester. Processing time can require four to six weeks. Notification of a decision is made electronically to the email address in the application form. Incomplete applications and applications without all supporting documentation will be denied.

Overview

Virginia Commonwealth University students who are currently classified as out-of-state domiciles for tuition purposes and who wish to be classified as in-state domiciles for tuition purposes should complete the **Application for Change of Domicile** packet. This packet includes the **Application for Change of Domicile for Virginia In-State Tuition Rates**. Students who have truly abandoned their previous domiciles and have decided to make Virginia their home indefinitely may use this application to initiate the review process that determines whether the student is eligible for in-state status. Once a person establishes domicile in Virginia, they must be domiciled in Virginia for a year before being eligible for consideration for in-state tuition rates.

This process is governed by Virginia Statute § 23.1-502 of the Code of Virginia.

Here are the basic steps:

1. The student completes the packet and returns it to the Residency Appeals Officer in the Office of the University Registrar.
2. Based on the student's application and documentation, the Residency Appeals Officer will determine whether the student has met the statutory requirements to receive in-state status. If the requirements are met, the student will be notified by email and the appropriate VCU departments will be notified so the student can be billed accordingly.
3. If the application is rejected, the student will be notified of the opportunity to appeal. If the student wishes to appeal, they must do so within 30 days of the date on the Residency Appeals Officer's letter and follow the instructions in that letter. After written notification to VCU, the student will be contacted regarding a hearing before the Residency Appeals Committee.
4. During the hearing, the student gives a sworn statement, answers questions under oath and presents relevant witnesses and/or evidence in the presence of a court reporter. The Committee may request additional information, investigate responses and documentation, discuss the file, vote and issue its decision. If in-state status is denied, the student has the right to petition the Circuit Court of the City of Richmond for review.

Completing the application

The application process is slightly different depending on the student's situation. If the student is dependent and a spouse, parent, another person or organization contributes a substantial amount to the student's budget, the contributor must complete the Supplemental Form. If the student or contributor owns real estate, the student or contributor must complete the GLBA Waiver and attach a copy of the Deed and Note. Most of the forms needed to complete the application are included in the packet. The student is responsible for gathering any other required items.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE STUDENT.

Acknowledgement

VCU's Domicile Administration is prohibited from answering specific questions and giving advice to students or other parties regarding a specific student's ability to meet domicile requirements.

VCU may initiate a reclassification inquiry at any time after the occurrence of events or a change in facts give rise to a reasonable doubt about the validity of existing residential classification.

VCU may at any point make a reasonable request for additional documentation. If the student is unable to produce such documentation by a reasonable deadline, it will be presumed that the document requested does not exist.

Submission of the application indicates applicant's acknowledgement that VCU may verify all documents and information included with or referred to in this application.

I certify that all of the information provided in this application is true and accurate. I understand that this application is legally binding and that if I provide fraudulent information, I may be required to pay additional tuition and fees and I may also be subject to dismissal or other sanctions. I agree to furnish the university with supporting documentation related to my application if I am requested to do so.

I have read and understand the above.

Student Signature: Date:

Office of Registrar use only	
Initials:	**Date:**

Application for Change of Domicile for Virginia In-State Tuition Rates

(Please print all information)

Have you applied for in-state tuition at VCU before? ☐ Yes ☐ No

If yes, when? _____

Did you have a hearing? ☐ Yes ☐ No

If yes, date of hearing: _____

Date of application: _____

Student Information

Last name First name MI

Street address City State ZIP

Permanent mailing address, if different:

Street address City State ZIP

Student ID and contact information

Student ID (V-Number) Email

Home phone Cell phone Work phone

Date of birth: Marital status:

Do you have any legal dependents other than a spouse? ☐ Yes ☐ No

If yes, name/age/domicile: _____

_____

Gender: ☐ Female ☐ Male

Citizenship:

☐ U.S. citizen
☐ Permanent resident
☐ Temporary visa
☐ Political asylum/refugee
☐ Other

If non-U.S. Citizen, please specify:

Country of origin: _____
Type of visa: _____
Date of issue: _____
Expiration date: _____

If citizenship status is pending, what is your petition filing date? _____

1. Semester in which you are applying for Virginia domicile status:

Semester: ☐ Spring ☐ Summer ☐ Fall Year: _____

2. VCU school/major/degree in which you are currently enrolled: _____
☐ Undergraduate ☐ Graduate/Prof

3. What are your postgraduate plans?
_____
_____
_____

4. Does a friend, relative, church or other entity provide a substantial amount of financial support to you? ☐ Yes ☐ No

If yes, name supporter and indicate nature and amount of contribution:
_____

Is this support more than 50% of your budget? ☐ Yes ☐ No

5. Semester you first enrolled at VCU:

Semester: ☐ Spring ☐ Summer ☐ Fall Year: _____

Are you currently enrolled at VCU? ☐ Yes ☐ No

6. When you first applied to VCU, to what program did you apply?
_____
_____

7. When you applied to VCU, where else did you apply? Were you accepted?
_____
_____
_____

8. If your enrollment at VCU has not been continuous, indicate dates and reasons:

_____

_____

_____

9. Beginning with your current address, list the periods you have resided in Virginia and the specific addresses at which you lived.

From month/year	To month/year	Address in detail

10. During the periods listed in item 9, if you lived outside of Virginia, specify the periods (from and to) and give the addresses of each.

From month/year	To month/year	Street Address	City	State

Where are you physically located during Thanksgiving, Winter and Spring Breaks?

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11. Education: List high school and all colleges/universities attended including classification (in-state or out-of-state) where appropriate.

School	City/state	From month/yr	To month/yr	Degree	Classification

12. Employment: List (in order of most recent) all full- and part-time employment during the last three years.

Employer/ contact	Full-time/part-time	Hrs/wk	Location city/state	Phone #	From month/year	To month/year	Salary

13**. Taxes**

A) Did you file a Virginia state resident income tax return for last year?

☐ Yes ☐ No If no please explain below:

_____

_____

14. What do you estimate your income will be this calendar year? _____

15. **Voting**

a) Are you registered to vote in Virginia? ☐ Yes ☐ No
If yes, indicate the date of registration _____
and the district _____

b) Are you registered to vote in any other state? ☐ Yes ☐ No
If yes, indicate the state, date of registration and last election in which you voted.
State:_____ Date: _____ Last election: _____

16. **Driver's License**

A. Do you have a valid Virginia's driver license? ☐ Yes ☐ No

B. When were you first licensed in Virginia? _____ Date of last renewal _____

C. If you do not currently hold a Virginia driver's license, indicate state in which you do hold a driver's license _____ Date acquired _____
Date of last renewal _____

D. Have you ever held a driver's license in another state? ☐ Yes ☐ No

If yes, which state? _____ Dates _____

E. Do you hold any professional license in Virginia or other states? ☐ Yes ☐ No
If yes, indicate license, type, original date, renewal date and state of origin
_____

17. **Motor vehicle registration**

A. Do you own or operate a motor vehicle? ☐ Yes ☐ No

B. In what state is the vehicle registered?
_____
If registration is in Virginia, in what month and year was it first registered?
_____

C. In whose name is the vehicle registered?
_____

If other than yours, indicate the relationship to you
_____

18. Do you own real property in any state? ☐ Yes ☐ No
If yes, complete the following:

Location (city, state) of property: _____
Date of purchase: _____

Lender Name: _____
Loan Number: _____

* You must complete and sign the GLBA waiver and attach a copy of deed and note or your application for in-state educational privileges will not be processed.

19. A. Do you have a savings account? ☐ Yes ☐ No

If yes, give name of institution, location and date the account was opened.
Institution _____
Location _____
Date: _____

B. Do you have a checking account? ☐ Yes ☐ No

If yes, give name of institution, location and date the account was opened.
Institution _____
Location (city, state): _____
Date: _____

C. Do you have a Trust Fund or similar fund? ☐ Yes ☐ No

If yes, who has controlling responsibility for the fund?
_____

20. Do you have health insurance?
_____ ☐ Yes ☐ No

If yes, who is the primary policy holder? _____
Approximate monthly cost _____

21. A. Are you currently receiving any type of financial assistance? ☐ Yes ☐ No

If yes, indicate the type of aid and amount (for bank loans, indicate the location, including city and state, of the bank).
_____
_____

B. Do any bank loans require legal residences in that state to qualify for the loan? ☐ Yes ☐ No

If yes, please explain
_____
_____

C. Did you receive any type of financial assistance at VCU last year including grants, scholarships, graduate assistantship or work-study programs? ☐ Yes ☐ No

If yes, please explain_____

22. A. Name of spouse, parent or legal guardian

_____

B. Spouse, parent or legal guardian domicile (permanent address)

_____

C. How long has he/she been domiciled at this address? _____

D. Will you be claimed as a dependent on your parent/legal guardian's income tax for:

Current tax year? ☐ Yes ☐ No Indicate year _____

Previous tax year? ☐ Yes ☐ No Indicate year _____

23. A. Did your spouse, parent or legal guardian provide you with financial support for this calendar year? ☐ Yes ☐ No

If yes, indicate the amount and type of assistance

_____

B. Did your spouse, parent or legal guardian provide you with any financial support for the previous calendar year? ☐ Yes ☐ No

If yes, indicate the amount and type of assistance.

_____

Estimate your total yearly budget $_____

Your total earned income $ _____

24. What was your specific reason for moving to Virginia?

_____

_____

_____

Would you have moved to Virginia had you not enrolled at VCU? ☐ Yes ☐ No

Have you accepted an offer of employment? ☐ Yes ☐ No

If yes, where? _____

Name of company_____

Address _____

Phone # _____

*Attach copy of signed employment contract.

25. Are you, your spouse or parent an active-duty member of the U.S. armed forces?

☐ Yes ☐ No

If No, continue to Question E

If Yes, check: ☐ Self ☐ Spouse ☐ Parent

A. At which base was the active-duty member permanently stationed as of this application date? _____

Base name: _____

City: _____

State: _____

B. Where does the active-duty member reside as of this application date?

City : _____

State: _____

C. Are Virginia income taxes paid on all military income? ☐ Yes ☐ No

If yes, as of what date? _____

At which base was active-duty member permanently stationed on that date?

Base name: _____

City: _____

State: _____

Please submit a copy of most recent Leave and Earnings Statement indicating your state of residence.

D. Are you financially dependent on your military spouse/parent? ☐ Yes ☐ No

E. Answer this question only if you live outside Virginia but work in Virginia. (In other words, this question applies to people who live near a border of Virginia and work full-time in Virginia.) Will you have lived outside Virginia, been employed in Virginia, earned at least $10,300 and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least one year prior to the term in which you will enroll? ☐ Yes ☐ No

If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.

26. Is it your present intention to remain in Virginia indefinitely? ☐ Yes ☐ No

If yes, what is the basis for this decision?

_____

_____

_____

I certify under penalty of disciplinary action and perjury that the above information is true.

Applicant's signature _____

Date: _____

Budget

Student Name: _____

Student ID#: _____

Based on your monthly income and expenses, complete the following chart:

Source of expenses (i.e., telephone bill, rent, etc.)	Monthly Cost (Estimate)
	$
Rent/Mortgage payment	
Groceries/food	
Utilities	
Repairs/Maintenance	
Clothing	
Health Insurance	
Car Insurance	
Car Payments	
Medical/dental	
Education (tuition plus supplies/books)	
Travel, recreation, entertainment, other	
Total:	

Source of expenses (i.e., telephone bill, rent, etc.)	Monthly Cost (Estimate)
Salary	**$**
Gift 1	
Gift 2	
Gift 3	
Financial Aid	
Mortgage/Loan	
Grants	
Scholarship	
Trust fund	
Dividends, Alimony/Support	
Other	
Total:	

Gramm-Leach-Bliley Act (GLBA) Waiver

Complete this Waiver if the student, or the party on whom the student is financially dependent, owns real estate in the Commonwealth of Virginia.

In compliance with the GLBA, effective July 1, 2001, the undersigned agrees to allow Virginia Commonwealth University (VCU) and/or its attorney or agent to obtain loan information on any loans held by undersigned and the undersigned hereby directs the named lender to timely provide information and copies of any requested documents to VCU.

Agreed to:

Student _____ Date _____
Spouse _____ Date _____
Additional Signatory _____ Date _____
Property address with zip code: _____

First Lender: _____
Loan #: _____ Phone # for Lender: _____

Second Lender: _____
Loan #: _____ Phone # for Lender: _____

Equity line Lender: _____
Loan #: _____ Phone # for Lender: _____

Other Lender: _____
Loan #: _____ Phone # for Lender: _____

Waiver Of Confidentiality & Consent to Release Information

TO: _____ Employer or Former Employer
FROM: _____ Applicant's Name

In recognition of the need for information on the part of Virginia Commonwealth University (VCU) in order to evaluate my application for residency status, I hereby waive to the following extent the protection of confidentiality, whether provided by law, bylaw, policy, or contract provision, which may pertain to any aspect of my duty and performance as an employee. You are authorized to release to VCU copies of documents concerning me and to discuss any information concerning me with VCU.

Applicant Signature: _____ Date: _____

Student Chronological History

Indicate where you were physically located each month, legally domiciled each month and whether you were employed.

Indicate your status as in-state or out-of-state if possible.

Month/Year	Physical Location/ Domicile	Activities/Employment/School (specify residency classification)	In-state/ Out of state
AUG			
SEP			
OCT			
NOV			
DEC			
JAN			
FEB			
MAR			
APR			
MAY			
JUN			
JUL			
AUG			
SEP			
OCT			
NOV			
DEC			
JAN			
FEB			
MAR			
APR			
MAY			
JUN			
JUL			
AUG			

Spouse, Parent or Legal Guardian Supplemental Form

Applicant information

Full name of applicant _____
Applicant's Student ID V# _____
Last _____ First _____ MI _____
Name of spouse, parent or legal guardian _____
Relationship to applicant _____
Last _____ First _____ MI _____

Contact information

Current mailing address - Street _____
Telephone - Home _____
City _____ State _____ Zip _____
Telephone - Cell _____
Home mailing address (if different) - Street _____
Telephone - Work _____
City _____ State _____ Zip _____
Email _____

Citizenship

Are you a citizen of the United States? ☐ Yes ☐ No
If you are not a U.S. citizen, please specify the type of visa you hold.

Type of visa	Date issued	Expiration date

Domicile and financial support

1. Have you been a legal domiciliary (permanent resident) of Virginia for the past 12 months?
☐ Yes ☐ No
If no, list state of permanent residence:
_____

2. Will the applicant be claimed as a dependent on your federal and state income tax return for the tax year prior to the date for which in-state tuition is sought? ☐ Yes ☐ No

3. Will you provide over half of the applicant's financial support for the year prior to the date for which in-state tuition rates are sought? ☐ Yes ☐ No

If yes, in what form(s) will you provide this support (e.g. tuition, books, housing, clothing, transportation, medical and dental care, car insurance, health insurance, etc.)?

Response: _____

Address history

4. List your address(es) for the two-year period preceding the semester for which the applicant is applying for domicile change. List current address first.

From month/year	To month/year	Street address	City	State

Additional information

5. If you are the applicant's guardian, is this by court decree? ☐ Yes ☐ No
If yes, attach copy of decree.

6. Is either of the applicant's parents deceased? ☐ Mother ☐ Father ☐ Neither

7. The applicant's parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Other

Employment information

8. Employment information (for at least two years prior to the date for which in-state tuition rates are sought).

Employer/Contact	Full-time/ Part-time	Hrs/wk	Location city/state	Phone #	From month/year	To month/year	Salary

Education

9. Education: List high school and all colleges/universities attended including classification (in- or out-of-state) where appropriate.

School	Location city/state	From month/year	To month/year	Degree	Classification

Taxes and voting

10A. Did you file a state income tax return to Virginia for income earned during the past two years? ☐ Yes ☐ No

Which years? _____

10B. Did you file a state income tax return to another state for income earned during the past two years? ☐ Yes ☐ No

Which years? _____

11. Did you file your last Virginia state income tax return as a:
☐ Resident ☐ Nonresident ☐ Did not file

12. Are you registered to vote? ☐ Yes ☐ No

12A. Where are you registered to vote?
City/County _____ State _____

12B. When did you register to vote?
Month _____ Year _____

Driver's license

13A. Do you have a valid Virginia driver's license? ☐ Yes ☐ No

13B. If you have a Virginia driver's license, when was it first issued?
Month _____ Year _____

13C. Have you ever held a driver's license in another state? ☐ Yes ☐ No
If yes, when was it issued? _____

Motor vehicle registration

14A. Do you operate a motor vehicle? ☐ Yes ☐ No

14B. In whose name is it registered?
_____

14C. In what state is it registered? _____

14D. When was it registered in the above noted state?
Month _____ Year _____

14E. When will the current registration expire?
Month _____ Year _____

14F. What was the expiration date and state of the vehicle's last registration?
Month _____ Year _____ State _____

14G. Who pays insurance on the vehicle you drive?
_____

Real property

15. Do you own real property (land) in Virginia? ☐ Yes ☐ No

15A. If yes, complete the following:

Location (city, state) of property	Date of purchase	Lender Name	Loan Number

**You must complete and sign the GLBA waiver and attach a copy of deed and note.*

15B. When did you purchase it? Month _____ Year _____

15C. Do you own property in another state? ☐ Yes ☐ No

If yes, which state? _____

Checking accounts

16. Do you have a checking account? ☐ Yes ☐ No
If yes, give name of institution, location and date the account was opened.

Institution	Location (city, state)	Date opened

Active-duty military status

17. Are you, your spouse or parent an active-duty member of the U.S. armed forces?
☐ Yes ☐ No

If No, continue to Question #17E.

If Yes, check: ☐ Self ☐ Spouse ☐ Parent

17A. At which base was the active-member permanently stationed as of this application date?

Base Name _____
City _____
State _____

17B. Where does the active-duty member reside as of this application date?
City _____ State _____

17C. Are Virginia income taxes paid on all military income? ☐ Yes ☐ No

If yes, as of what date? _____

At which base was the active-duty member permanently stationed on that date? Base Name _____ City _____ State _____
Please submit a copy of the most recent Leave and Earnings Statement indicating your state of residence.

17D. Are you financially dependent on your military spouse/parent? ☐ Yes ☐ No

17E. Answer this question only if you live outside Virginia, but work in Virginia. (This question applies to people who live near a border of Virginia and work full-time in Virginia.)
Will you have lived outside Virginia, been employed in Virginia, earned at least $10,300 and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least one year prior to the term in which you will enroll? ☐ Yes ☐ No

If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return and a year-to-date pay stub.

Intent to remain in Virginia

18. Is it your present intention to remain in Virginia indefinitely? ☐ Yes ☐ No
If yes, what is the basis for this decision?

_____

_____

Employment offer

19. Have you accepted an offer of employment? ☐ Yes ☐ No
If yes, where? _____
Name of Company _____
Address _____
Phone # _____
Contact Name _____
If so, attach a copy of the signed employment contract.

Professional licenses

20. Do you hold any professional license in Virginia or other states? ☐ Yes ☐ No

If yes, indicate license, type, original date, renewal date and state of origin:
_____

Certification

I certify under penalty of disciplinary action (if a VCU student, faculty, or staff) and perjury that the above information is true.

Applicant's signature _____ Date _____

Spouse, Parent or Legal Guardian Chronological History

Indicate where you were physically located each month, legally domiciled each month and whether you were employed.

Indicate your status as in-state or out-of-state if possible.

Month/Year	Physical Location/ Domicile	Activities/Employment/School (specify residency classification)	In-state/ Out of state
AUG			
SEP			
OCT			
NOV			
DEC			
JAN			
FEB			
MAR			
APR			
MAY			
JUN			
JUL			
AUG			
SEP			
OCT			
NOV			
DEC			
JAN			
FEB			
MAR			
APR			
MAY			
JUN			
JUL			
AUG			

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