



# Application

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## for Change of Domicile



[www.registrar.vcu.edu](http://www.registrar.vcu.edu)



**VCU** Strategic Enrollment Management  
and Student Success

# Instructions and Procedures

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

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

4. 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

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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, s/he 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, which is available online at <https://law.lis.virginia.gov/vacode/title23.1/chapter5/>

## Here are the basic steps:

1. The student completes his/her 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 student has met the statutory requirements, the Residency Appeals Officer will notify the student with a letter by email and will also notify the appropriate VCU departments so that the student will be billed accordingly for tuition.
3. If the student’s application for change of domicile is rejected by the Residency Appeals Officer, the student will be notified of her/his opportunity to appeal this decision. If the student wishes to appeal, s/he must do so within 30 days of the date on the Residency Appeals Officer’s letter and must notify the appropriate party of her/his decision to appeal, as indicated on the letter. After notifying VCU in writing, the student will be contacted by a VCU official and informed as to the date of her/his hearing before the Residency Appeals Committee (the “Committee”).
4. During the hearing, the student will give a sworn statement, answer questions under oath and present relevant witnesses and/or evidence, in the presence of a court reporter. Following this hearing, the Committee may request additional information from the student, investigate the student’s responses and documentation, discuss the student’s file, vote and then read its decision into the record. Following its final decision, the Committee will send the student a certified letter indicating its determination. If in-state status is denied, the student has the right to petition the Circuit Court of the City of Richmond for a review. The student, or the student’s attorney, must file the required documentation and properly serve VCU before proceeding to court according to the guidelines in the Code of Virginia.

## Completing the application:

The application process is slightly different depending on the student’s situation. If the student is dependent (spouse, parent or another person or organization contributes a substantial amount to student’s budget), the student must have the contributor 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 will be made available to you in the packet. The student is responsible for gathering other items needed to complete his/her application.

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

# Acknowledgement:

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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.

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Student Signature

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Date

**Office of the University 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 \_\_\_\_\_

## Name

\_\_\_\_\_  
Last First MI

## Current mailing address

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

## Permanent mailing address (if different)

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

**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? \_\_\_\_\_

- Semester in which you are applying for Virginia domicile status:  
Semester:  Spring  Summer  Fall Year: \_\_\_\_\_
- VCU school/major/degree in which you are currently enrolled: \_\_\_\_\_  Undergraduate  Graduate/Prof
- What are your postgraduate plans? \_\_\_\_\_  
\_\_\_\_\_
- 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
- Semester you first enrolled at VCU:  
Semester:  Spring  Summer  Fall Year: \_\_\_\_\_ Are you currently enrolled at VCU?  Yes  No
- When you first applied to VCU, to what program did you apply? \_\_\_\_\_  
\_\_\_\_\_
- When you applied to VCU, where else did you apply? Were you accepted? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student I.D.: V \_\_\_\_\_

## Telephone numbers

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender  Female  Male

Marital status \_\_\_\_\_

Do you have legal dependents other than a spouse?

Yes  No

If yes, name/age/domicile \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

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/year | To month/year | 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/<br>Part-time | Hrs/wk | Location<br>city/state | Phone # | From<br>month/year | To<br>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 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_ Date \_\_\_\_\_ 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 (city, state) | 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? Indicate year \_\_\_\_\_  Yes  No

Previous tax year? Indicate year \_\_\_\_\_  Yes  No

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 F  
 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<br>(i.e., telephone bill, rent, etc.) | Monthly Cost<br>(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 financial support/income<br>(employment, loans, etc.) | Monthly Cost<br>(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's 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/<br>Domicile | Activities/Employment/School<br>(specify residency classification) | In-state/<br>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

Full name of applicant

\_\_\_\_\_  
 Last First MI

Name of spouse, parent or legal guardian

\_\_\_\_\_  
 Last First MI

Relationship to applicant \_\_\_\_\_

Current mailing address

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 City State Zip

Home mailing address (if different)

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 City State Zip

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

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.)?  
 \_\_\_\_\_

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 To Street address City State  
 month/year month/year

| From<br>month/year | To<br>month/year | Street address | City | State |
|--------------------|------------------|----------------|------|-------|
|                    |                  |                |      |       |
|                    |                  |                |      |       |
|                    |                  |                |      |       |

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

**Applicant's Student ID**  
 V \_\_\_\_\_

**Telephone number**

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

**Email** \_\_\_\_\_

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

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

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

| School | Location<br>city/state | From<br>month/year | To<br>month/year | Degree | Classification |
|--------|------------------------|--------------------|------------------|--------|----------------|
|        |                        |                    |                  |        |                |
|        |                        |                    |                  |        |                |
|        |                        |                    |                  |        |                |
|        |                        |                    |                  |        |                |

10. Taxes

- A. Did you file a state income tax return to Virginia for income earned during the past two years?  Yes  No  
Which years? \_\_\_\_\_
- B. 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
- A. Where are you registered to vote? \_\_\_\_\_  
City/County \_\_\_\_\_ State \_\_\_\_\_
- B. When did you register to vote? \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

13. Driver's License

- A. Do you have a valid Virginia's driver license?  Yes  No
- B. If you have a Virginia driver's license, when was it first issued? Month \_\_\_\_\_ Year \_\_\_\_\_
- C. Have you ever held a driver's license in another state?  Yes  No  
If yes, when was it issued? \_\_\_\_\_

14. Motor vehicle registration

- A. Do you operate a motor vehicle?  Yes  No
- B. In whose name is it registered? \_\_\_\_\_
- C. In what state is it registered? \_\_\_\_\_
- D. When was it registered in the above noted state? Month \_\_\_\_\_ Year \_\_\_\_\_
- E. When will the current registration expire? Month \_\_\_\_\_ Year \_\_\_\_\_
- F. What was the expiration date and state of the vehicle's last registration? Month \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_\_\_
- G. Who pays insurance on the vehicle you drive? \_\_\_\_\_

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

- A. 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.
- B. When did you purchase it? Month \_\_\_\_\_ Year \_\_\_\_\_
- C. Do you own property in another state?  Yes  No  
If yes, which state? \_\_\_\_\_

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  |
| _____       | _____                  | _____ |
| Institution | Location (city, state) | Date  |

17. Are you, your spouse or parent an active duty member of the U.S. armed forces?  Yes  No  
If No, continue to Question F.  
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. (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.

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

If yes, what is the basis for this decision? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Have you accepted an offer of employment?  Yes  No

If yes, where? \_\_\_\_\_ Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_ If so, attach copy of signed employment contract

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 \_\_\_\_\_  
\_\_\_\_\_

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/<br>Domicile | Activities/Employment/School<br>(specify residency classification) | In-state/<br>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 ____   |                                |  |                           |



# **VCU** Strategic Enrollment Management and Student Success

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Division of Strategic Enrollment Management Box  
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[www.registrar.vcu.edu](http://www.registrar.vcu.edu)