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APPLICATION FOR CHANGE OF DOMICILE



www.registrar.vcu.edu

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.
 - *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

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:

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 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/ 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 _____

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 (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 financial support/income (employment, loans, 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'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/ 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

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

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

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? _____

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 ____			



VCU Strategic Enrollment Management and Student Success

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Office of the University Registrar
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