



Office use only _____

Submit this form if you are claiming entitlement to Virginia in-state tuition rates pursuant to section 23.1-500-510, Code of Virginia. All questions must be answered. Failure to complete this form will result in a classification of non-Virginia domicile. Please return this form to the Office of Undergraduate Admissions, Virginia Tech, 925 Prices Fork Road, Blacksburg, VA 24061. Supporting documents and additional information may be required.

A APPLICANT INFORMATION

Name _____

How long have you lived in Virginia? Years _____ Months _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Citizenship: (please circle one) U.S. Citizen Permanent Resident Non-Permanent Resident: Visa Type _____ or DACA (Deferred Action For Childhood Arrivals)

Where have you lived in the last two years? Please list current address first:

Street Address	City	State	Zip	From (mo/yr)	To (mo/yr)

Will you be age 24 before the first day of classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran of the U.S. Armed Forces or active duty military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a ward of the court or were you a ward of the court until age 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have legal dependents (other than a spouse)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For the twelve months prior to the term in which you will enroll, will you have:

1. filed a tax return or paid income taxes to Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. been a registered voter in Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. held a valid Virginia driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. owned or operated a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. If yes, has it been registered in Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If you are currently on active duty in the military		
5a. Are you stationed to a permanent duty station in Virginia, Washington, D.C., or any state contiguous to Virginia? (If yes, please attach or mail a copy of orders.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5b. Does your Leave and Earnings Statement reflect Virginia as your state of residence? (If yes, please attach or mail a copy of a Leave and Earnings statement reflecting Virginia withholding.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answer this question only if you are a non-resident employed in Virginia.

6. Do you commute from a residence outside of Virginia to a work site in Virginia for full-time employment and pay Virginia non-resident income tax on all taxable income earned in Virginia? (If yes, please attach or mail a letter verifying Virginia employment and a copy of the most recent non-resident Virginia income tax return.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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B PARENT, STEPPARENT, SPOUSE, OR LEGAL GUARDIAN INFORMATION

This section should be completed by the individual with whom you wish to establish your Virginia domicile.

Dear Parent, Stepparent, Spouse, or Legal Guardian, Failure to answer all questions in this section may result in the applicant being automatically listed in the system as out-of-state for tuition purposes. Please complete the section in its entirety, with the exception of questions 5 and 6 if they do not apply. Please note that you must also sign in order for this section to be considered complete.

Do you provide 50% or more of the applicant’s financial support OR claim the applicant as a tax dependent? ☐ Yes ☐ No

Name _____

Relationship to Applicant: (please circle one) mother father stepmother stepfather legal guardian spouse

Is your current address the same as the permanent address of the applicant? ☐ Yes ☐ No If no, are both parents legal residents of Virginia? ☐ Yes ☐ No

Date of Birth: ____ / ____ / ____
 MONTH DAY YEAR

Home Phone: _____ Personal email address: _____

Citizenship: (please circle one) U.S. Citizen Permanent Resident Non-Permanent Resident: Visa Type _____ (please include a copy of your visa)

How long have you lived in Virginia? Years ____ Months ____

Where have you lived in the last two years? Please list current address first:

Street Address	City	State	Zip	From (mo/yr)	To (mo/yr)

For the twelve months prior to the term in which the applicant will enroll, will you have:

1. filed a tax return or paid income taxes to Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. been a registered voter in Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. held a valid Virginia driver’s license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. owned or operated a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. If yes, has it been registered in Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you currently on active duty in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5a. Are you stationed to a permanent duty station in Virginia, Washington, D.C., or any state contiguous to Virginia? (If yes, please attach or mail a copy of orders.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5b. Does your Leave and Earnings Statement reflect Virginia as your state of residence? (If yes, please attach or mail a copy of a Leave and Earnings statement reflecting Virginia withholding.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answer this question only if you are a non-resident employed in Virginia.

6. Do you commute from a residence outside of Virginia to a work site in Virginia for full-time employment and pay Virginia non-resident income tax on all taxable income earned in Virginia? (If yes, please attach or mail a letter verifying Virginia employment and a copy of the most recent non-resident Virginia income tax return.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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C SIGNATURE(S)

The applicant must sign below or this application will not be processed. If Section B has been completed, that parent’s, stepparent’s, spouse’s or legal guardian’s signature must also appear below.

I certify under penalty of disciplinary action that the information I have provided is true.

Signature of Applicant _____ Date _____

I certify that the information I have provided is true.

Signature of Parent, Spouse, or Legal Guardian _____ Date _____