



# Application for Virginia In-State Tuition Rates

University of Mary Washington • Office of Admissions • 1301 College Avenue • Fredericksburg, Virginia 22401-5300

Please submit this form to complete your Application for Admission if you are claiming entitlement to Virginia in-state tuition pursuant to section 23-7.4, Code of Virginia. Supporting documents and additional information may be requested.

## PART I

Legal Name \_\_\_\_\_  
Enter name exactly as it appears on passports or other official documents.      Last/Family      First      Middle (complete)      Jr., etc.

Social Security Number (Requested)

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Marital Status  single  married  divorced  widowed  
Month      Day      Year

Citizenship  U.S. citizen  Non-U.S. citizen; please give Immigration Status and Visa Type \_\_\_\_\_

Name of Parent/Legal Guardian or Spouse \_\_\_\_\_

Permanent Address of Parent/Legal Guardian or Spouse \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City or Town      State      Country      Zip Code or Postal Code

## PART II Section A: Student Information

1) Where have you lived in the last two years? (List current address first. Include dates.)

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year      Month Year      Number and Street      City or Town      State      Zip Code or Postal Code

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year      Month Year      Number and Street      City or Town      State      Zip Code or Postal Code

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year      Month Year      Number and Street      City or Town      State      Zip Code or Postal Code

- 2) Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent?  Yes  No
- 3) A. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile?  N/A  Yes  No  
 B. If "Yes", does your spouse provide over 50% of your financial support?  Yes  No
- 4) Do any of the following characteristics apply to you? Place a check mark beside all that apply.
- Age 24 or older as of the first day of the term in which you intend to enroll
  - Veteran or active duty member of the U.S. Armed Forces
  - Graduate or first-professional student
  - Ward of the court or was a ward of the court until age 18
  - If both parents are deceased, no adoptive or legal guardian
  - Legal dependents other than a spouse

### Directions for Completing the Remainder of This Application

**If your response to #2 is "Yes," stop now and go to Section B.**  
 Complete both the unshaded and shaded areas of the remainder of this application; provide your parent/legal guardian's information in the shaded areas.

**If your response to #3B is "Yes," stop now and go to Section B.**  
 Complete both the unshaded and shaded areas of the remainder of this application; provide your spouse's information in the shaded areas.

**If your response to #3B is "No," stop now and go to Section B.**  
 Complete the unshaded areas of the remainder of this application.

**If you are unmarried and did not check any of the items in #4, stop now and go to Section B.** Complete both the unshaded and shaded areas of the remainder of this application; provide your parent/legal guardian's information in the shaded areas.

**If you are unmarried and checked any of the items in #4 and answered "No" to #2, complete only the unshaded areas of the rest of this application.**

## Section B: Domicile Information

For the parent/legal guardian or spouse portion of this application, answer the questions about the parent upon whom you are dependent. **This parent/legal guardian must sign and date this application.** If you are claiming eligibility for in-state rates based on your spouse's domicile, you must answer the parent/legal guardian or spouse portion of this application about your spouse. **Your spouse must sign and date this application.**

5) Are you completing the shaded areas for your (check only one):  Father  Mother  Legal Guardian  Spouse

### Section B: Domicile Information (cont.)

For questions 6-10, you must answer the "B" question if your response to the "A" question is "No."

	Student		Parent, Legal Guardian or spouse	
	Yes	No	Yes	No
6) A. Have you been employed in Virginia for the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If "No," were you employed in:				
Student: <input type="checkbox"/> Another State <input type="checkbox"/> Not Employed				
Parent: <input type="checkbox"/> Another State <input type="checkbox"/> Not Employed				
7) A. Was a tax return filed or income tax paid to Virginia as a full- or a part-year resident on all earned income last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If "No," were taxes paid to:				
Student: <input type="checkbox"/> Another State <input type="checkbox"/> Didn't File				
Parent: <input type="checkbox"/> Another State <input type="checkbox"/> Didn't File				
8) A. Are you a registered voter in Virginia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If "No," are you registered to vote in:				
Student: <input type="checkbox"/> Another State <input type="checkbox"/> Not Registered				
Parent: <input type="checkbox"/> Another State <input type="checkbox"/> Not Registered				
9) A. Do you hold a valid Virginia driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If "No," do you hold a license in:				
Student: <input type="checkbox"/> Another State <input type="checkbox"/> Not Licensed				
Parent: <input type="checkbox"/> Another State <input type="checkbox"/> Not Licensed				
10) A. Did you operate a motor vehicle registered in Virginia during the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If "No," is it registered in:				
Student: <input type="checkbox"/> Another State <input type="checkbox"/> Not Registered				
Parent: <input type="checkbox"/> Another State <input type="checkbox"/> Not Registered				
11) A. Are you a member of the U.S. Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," go to question #12.				
B. Have income taxes been paid to Virginia on all military income for the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," have income taxes been paid to another state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the current Leave/Earnings Statement reflect Virginia withholding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," effective date of change to Virginia:				
_____ / _____ / _____				
Month Day Year				

	Yes	No
12) A. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
If "No," go to question #13.		
B. Have income taxes been paid to Virginia on all military income for the last year?	<input type="checkbox"/>	<input type="checkbox"/>
If "No," have income taxes been paid to another state?	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the current Leave/Earnings Statement reflect Virginia withholding?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," effective date of change to Virginia:		
_____ / _____ / _____		
Month Day Year		

### Section C: Additional Information

13) If your spouse is in the military, will you have:  Question 13 is not applicable

A. Resided in Virginia for the past year?  Yes  No

B. Been employed and earned at least \$10,712 during the past year?  Yes  No

C. Paid income taxes to Virginia on all earned income?  Yes  No

14) If you have lived outside Virginia for the past year, will you have:  Question 14 is not applicable

A. Been employed in Virginia and earned at the last \$10,712 during the past year?  Yes  No

B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?  Yes  No

15) If your parent/legal guardian is in the military, will the nonmilitary parent/legal guardian have:  Question 15 is not applicable

A. Resided in Virginia for the past year?  Yes  No

B. Been employed and earned at the last \$10,712 during the past year?  Yes  No

C. Paid income taxes to Virginia on all earned income?  Yes  No

D. Claimed you as a dependent for federal and Virginia income tax purposes?  Yes  No

16) If your parent/legal guardian has lived outside Virginia for the past year, will the parent/legal guardian have:  Question 16 is not applicable

A. Been employed in Virginia and earned at least \$10,712 during the past year?  Yes  No

B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?  Yes  No

C. Claimed you as a dependent for federal and Virginia income tax purposes?  Yes  No

### Section D: Parent/Legal Guardian or Spouse Information

1) Where have you lived in the last two years? (List current address first. Include dates.)

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Month Year Month Year Number and Street City or Town State Zip Code or Postal Code

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Month Year Month Year Number and Street City or Town State Zip Code or Postal Code

From \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Month Year Month Year Number and Street City or Town State Zip Code or Postal Code

### Section E: Certification and Signature(s)

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally-binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant

Date

Signature of Parent/Legal Guardian or Spouse  
(if required to furnish parental or spousal information)

Date