



# APPLICATION FOR ADMISSION

For Office Use Only	
Empl. ID	_____
IS	OS _____
Staff Initial	_____
Date	_____

**Notice:** In accordance with §23.2.2:1 of the Code of Virginia, your name, date of birth, gender, and student identification number will be submitted to the Virginia State Police. By proceeding with the application process, you consent to this submission.

Please note: It will be necessary for applicants who wish to be considered for veterans' benefits, financial aid, and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the college. To protect your privacy, your Social Security number will not be used as your student identification number. The VCCS will only use your Social Security number in accordance with federal and state reporting requirements, and for identification purposes within the VCCS. It shall not permit further disclosure unless required or authorized by the Family Educational Rights and Privacy Act of 1974, 20 U.S. C. Code 1232g, or pursuant to your obtained consent.

Possessing, brandishing, or using a weapon while on any college or VCCS office property, within any college or VCCS office facilities, or while attending any college or VCCS educational or athletic activities by students is prohibited, except where possession is a result of participation in an organized and scheduled instructional exercise for a course, or where the student is a law enforcement professional. *By proceeding with the application process, you acknowledge and agree to abide by this policy if accepted to a VCCS college.*

**Class Title:** \_\_\_\_\_ **Class Date(s):** \_\_\_\_\_

**Personal Information:**

- Name: \_\_\_\_\_  
Prefix First Middle (Full) Last Suffix
- Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Note: Providing this data will enable you to use the VCCS username lookup feature and reset a password for your username.)
- Former name (if applicable):  
 \_\_\_\_\_  
First Middle (Full) Last
- Date of birth: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year
- Which college/campus do you plan to attend? \_\_\_\_\_ College \_\_\_\_\_ Campus
- In what type of class will you be enrolling? \_\_\_\_\_ Credit classes \_\_\_\_\_ Non-credit classes
- What term do you plan to begin classes? 20\_\_ Term: \_\_\_ Fall (Aug-Dec) \_\_\_ Spring (Jan-May) \_\_\_ Summer (May-Aug)
- Have you previously attended, applied for admission to, or been employed by any Virginia community college?  
 \_\_\_ No \_\_\_ Yes - Enter Student ID (Empl ID) number if known: \_\_\_\_\_
- Primary Phone Number (include area code): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext.: \_\_\_\_\_
- Mailing address: \_\_\_\_\_  
(PO Box/Street) (City) (State) (ZIP/Postal)  
 \_\_\_\_\_  
(Country, if not USA)
- City/County/or non-VA State of Residence: \_\_\_\_\_ (Provide what you consider to be your location of residence. If you temporarily relocated to your current address to get an education, you should provide your previous location.)
- Have you lived in Virginia for the last twelve months? \_\_\_ Yes \_\_\_ No - Where else did you live? \_\_\_\_\_  
(US state or Foreign country)

13. Email address: \_\_\_\_\_ (This address will be your unofficial e-mail address; you will be assigned an official VCCS e-mail address upon successful processing of this application.)

14. Emergency Contact Information: \_\_\_\_\_  
First Name Last Name Relationship Phone Number

15. Student's Employer (if employed): \_\_\_\_\_

16. Business phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext.: \_\_\_\_\_

17. Ethnicity: Are you Hispanic or Latino? Yes \_\_\_ No \_\_\_

What is your race? (Select any that apply): \_\_\_ White \_\_\_ Black/African American \_\_\_ Asian  
\_\_\_ American Indian/Alaska Native \_\_\_ Native Hawaiian/Other Pacific Islander

18. Gender: \_\_\_ Female \_\_\_ Male

19. U.S. Citizenship Status: \_\_\_ Native \_\_\_ Naturalized \_\_\_ Alien Permanent A#: \_\_\_\_\_  
Permanent Status: \_\_\_ Resident Alien \_\_\_ Asylee \_\_\_ Refugee Country of Citizenship? \_\_\_\_\_  
\_\_\_ Alien Temporary Visa Type: \_\_\_\_\_ Visa Expiration Date: \_\_\_\_\_ Country of Citizenship? \_\_\_\_\_  
\_\_\_ Not indicated or Not living in the U.S Do you plan to apply for an F1 or M1 visa? \_\_\_\_\_

20. Primary Language: \_\_\_\_\_ English \_\_\_\_\_ Other

21. U.S. Military status: \_\_\_ No Military Service \_\_\_ Spouse \_\_\_ Dependent \_\_\_ Active duty \_\_\_ Active reserves  
\_\_\_ Inactive reserves \_\_\_ National Guard \_\_\_ Retired \_\_\_ Veteran/VA Ineligible \_\_\_ Veteran

Branch: \_\_\_\_\_ Date of Entry \_\_\_\_\_  
mm/dd/yy

Pay Grade \_\_\_\_\_ MOS/Rating \_\_\_\_\_ Current Military Installation \_\_\_\_\_  
(This data to be used for SOC reporting purposes)

**Please complete the rest of this form if you plan to pursue a credit program of study or credit classes. If you selected "non-credit classes" for question # 6 above; please sign and date the application.**

Educational History:

22. High School Information (graduated or currently enrolled)

High School \_\_\_\_\_ Address \_\_\_\_\_  
City State Country (if not USA)

Actual or Anticipated Graduation Date \_\_\_\_\_  
mm/dd/yy

Diploma Type: \_\_\_ Standard \_\_\_ Modified Standard \_\_\_ General Achievement \_\_\_ Advanced Studies \_\_\_ Other  
Other (Includes: Special Diploma or Certificate of Completion), or Don't Know

**(If you graduated from VA prior to 2003 or a state other than VA, select Standard.)**

Home School (graduated or currently enrolled)

Address \_\_\_\_\_ Actual or Anticipated Graduation Date \_\_\_\_\_  
State Country (if not USA) mm/yy

GED

State \_\_\_\_\_ Award Date \_\_\_\_\_  
mm/dd/yy

No High School diploma or GED

Last Date Attended: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_  
mm/yy

23. Colleges/Universities information. If you have taken any college classes, please list the most recent first. Indicate any degrees earned in the last column with an **A** for Associate, **B** for Bachelor's, **M** for Master's, **D** for Doctorate or **P** for Professional Degree. If you have not earned a degree, leave the Degrees column blank.

College or University	City, State/Country (if not USA)	Dates Attended (mm/yy – mm/yy)	Degrees Earned

24. Were you suspended or dismissed from the last college attended? \_\_\_ Yes \_\_\_ No

25. Family Educational Background:

**Father's Highest Education:** \_\_\_ Do Not Know \_\_\_ Less than High School \_\_\_ Attended High School

\_\_\_ Graduated from High School \_\_\_ Attended College \_\_\_ Associate's Degree \_\_\_ Received a Bachelor's Degree

\_\_\_ Received a post-Bachelor's Degree

**Mother's Highest Education:** \_\_\_ Do Not Know \_\_\_ Less than High School \_\_\_ Attended High School

\_\_\_ Graduated from High School \_\_\_ Attended College \_\_\_ Associate's Degree \_\_\_ Received a Bachelor's Degree

\_\_\_ Received a post-Bachelor's Degree

Educational Goals: *(To be considered for financial aid students must be in a plan of study that leads to a degree, diploma or certificate. Include specialization/sub-plan, if applicable).*

**College Transfer Education**

- Associate of Arts (AA)
- Associate of Science (AS)
- Associate of Arts and Sciences (AA&S)

**Career/Technical Education**

- Associate of Applied Arts (AAA)
- Associate of Applied Science (AAS)

26. \_\_\_ I plan to pursue a degree, certificate, or diploma from my community college.

Plan of study/sub-plan \_\_\_\_\_ (refer to the college catalog).

\_\_\_ I do not plan to pursue a degree at this time. Reason for taking classes (**check only one**):

\_\_\_ Upgrading current job skills \_\_\_ Developing skills for new job \_\_\_ Exploring career options

\_\_\_ Pursuing personal interest or general knowledge \_\_\_ Currently pursuing degree at another college (transient/visitor)

\_\_\_ Planning to pursue a degree at another college (non-degree/transfer)

27. **High School Applicants:** \_\_\_ Dual Enrollment \_\_\_ Principal Permission \_\_\_ Dual Enrollment/Principal Permission

*I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If under 18 years of age)

*This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), disability, national origin or other non-merit.*



# DOMICILE DETERMINATION FORM

Eligibility for in-state tuition is pursuant to Section 23-7.4, [Code of Virginia](#). Please contact the college admissions office if you have any questions.

**All students taking credit classes must complete this portion of the application.**

For Students 24 or older  
 **Self:** I want to claim eligibility based on my own domicile.  
 **Spouse:** I want to claim eligibility for in-state tuition based on my spouse's domicile

For Students Under the Age of 24  
 **Parent:** My parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.  
 **Legal Guardian:** My court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.  
 **Spouse:** I want to claim eligibility for in-state tuition based on my spouse's domicile.  
 **Self:** I want to claim eligibility based on my own domicile. **If you are under the age of 24, your eligibility must be based on your parent or legal guardian unless one of the following applies: (Check all that apply.) You may be required to supply "clear and convincing evidence" of your status.**  
 I am a veteran or active duty member of the U.S. Armed Forces.  
 Both of my parents are deceased and I have no adoptive or legal guardian.  
 I have legal dependents other than my spouse.  
 I am financially self-sufficient.  
 I am a ward of the court or was a ward of the court until age 18.  
 I have a bachelor's degree and I am working on a graduate degree.  
 I am married.

## Applicant's Information

## Parent, Legal Guardian, or Spouse's Information

Applicant's Name: \_\_\_\_\_  
 First Middle (Full) Last  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (mm) (dd) (yy)

Provide the name of the person upon whom you are basing your domicile: \_\_\_\_\_  
 (First) (Middle) (Last)

Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No If "No", are you a permanent resident? \_\_\_ Yes \_\_\_ No  
 If "Yes," what is your "A number"? \_\_\_\_\_  
 If "No," what is your immigration status? \_\_\_\_\_

**Using the above person's information, answer the questions below.**  
 Is the above person a U.S. citizen? \_\_\_ Yes \_\_\_ No; If "No," is he/she a permanent resident? \_\_\_ Yes \_\_\_ No  
 If "Yes," what is his/her "A number"? \_\_\_\_\_ If "No," what is his/her immigration status? \_\_\_\_\_

Are you on active duty in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No  
 If "Yes", is Virginia listed as the Tax State on your Leave and Earning Statement? \_\_\_ Yes \_\_\_ No  
 Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_  
 mm/dd/yyyy State  
 Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

Is the above person on active duty in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No; If "Yes", Is Virginia listed as the Tax State on your Leave and Earning Statement? \_\_\_ Yes \_\_\_ No  
 Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_  
 mm/dd/yyyy State  
 Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

Are you the dependent of an active duty member in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No; If "Yes", is Virginia listed as the Tax State on the Leave and Earning Statement? \_\_\_ Yes \_\_\_ No  
 Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_  
 mm/dd/yyyy State  
 Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

Is the above person married to an active duty member of the U.S. Armed Forces? If "Yes", is Virginia listed as the Tax State on your Leave and Earning Statement? \_\_\_ Yes \_\_\_ No  
 Date of Entry: \_\_\_\_\_ Official Duty Station: \_\_\_\_\_  
 mm/dd/yyyy State  
 Reporting Date: \_\_\_\_\_ Duration of Orders: \_\_\_\_\_  
 mm/dd/yyyy mm/dd/yyyy

Are you retired from the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No  
 Were you discharged from the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No  
 If "Yes," date of discharge/retirement? \_\_\_\_\_  
 mm/dd/yyyy  
 Tax State on LES prior to discharge/retirement: \_\_\_\_\_  
 Tax State

Is the above person retired from the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No  
 Is the above person discharged from the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No  
 If "Yes," date of discharge/retirement? \_\_\_\_\_  
 mm/dd/yyyy  
 Tax State on LES prior to discharge/retirement: \_\_\_\_\_  
 Tax State

Are you the dependent of someone retired from the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No;  
 Are you the dependent of someone discharged from the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No;  
 If "Yes," date of discharge/retirement? \_\_\_\_\_  
 mm/dd/yyyy  
 Tax State on LES prior to discharge/retirement: \_\_\_\_\_  
 Tax State

Is the above person a dependent of someone retired from the Military? \_\_\_ Yes \_\_\_ No  
 Is the above person a dependent of someone discharged from the Military? \_\_\_ Yes \_\_\_ No  
 If "Yes," date of discharge/retirement? \_\_\_\_\_  
 mm/dd/yyyy  
 Tax State on LES prior to discharge/retirement: \_\_\_\_\_  
 Tax State

<p>Has the applicant lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No" – list address(es) for the last 24 months _____          _____</p>	<p>Has the above person lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No" – list address(es) for the last 24 months _____          _____</p>
<p>For the last 12 months, did the applicant (select only one):</p> <p><input type="checkbox"/> file Virginia income taxes on all earned income</p> <p><input type="checkbox"/> was a resident in a state without income tax (list state) _____</p> <p><input type="checkbox"/> file as a resident in another state (list state) _____</p> <p><input type="checkbox"/> had no taxable income (For example, received SSI)</p> <p><input type="checkbox"/> file as a resident in Virginia and as a non-resident in another state (list state) _____</p>	<p>For the last 12 months, did the above person (select only one):</p> <p><input type="checkbox"/> file Virginia income taxes on all earned income</p> <p><input type="checkbox"/> was a resident in a state without income tax (list state) _____</p> <p><input type="checkbox"/> file as a resident in another state (list state) _____</p> <p><input type="checkbox"/> had no taxable income (For example, received SSI)</p> <p><input type="checkbox"/> file as a resident in Virginia and as a non-resident in another state (list state) _____</p>
<p>For the past twelve months, has the applicant lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "Yes", list state _____</p>	<p>For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "Yes", list state _____</p>
<p><b>For the past 12 months, has the applicant:</b>          held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p><b>For the past 12 months, has the above person:</b>          held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," has the above person held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>
<p>owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," has the above person owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>
<p>been registered to vote in Virginia? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No          If "No," has the applicant been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>been registered to vote in Virginia? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No          If "No," has the above person been registered to vote in another state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>

**Please note:** If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent, Legal Guardian (If under 24 years old) or Spouse

\_\_\_\_\_  
 Date