

PARENT, LEGAL GUARDIAN or SPOUSE Supplemental Application for Virginia In-State Rates

INSTRUCTIONS TO PARENT, LEGAL GUARDIAN or SPOUSE

This form is a request for parental information to support an applicant's claim to Virginia domiciliary status. If the applicant will be claimed as a tax dependent or will be substantially supported by parent, guardian or spouse on the first day of the term in which he or she plans to enroll, the parent, legal guardian or spouse must complete this supplementary application for Virginia status. The parent, legal guardian or spouse who is supporting the applicant or upon whom the applicant is dependent must fill out this form. Without this information, it will be impossible to determine whether the applicant is eligible for in-state tuition rates according to the domiciliary requirements set forth in Section 23-7.4 of the Code of Virginia.

This form and all supporting documents must be returned within fourteen days of the initial decision notification date. A decision will normally be reached within twenty-one days of receipt. Supporting documents that should routinely accompany this appeal include copies of *Virginia driver and vehicle licenses*. *Virginia voter registration, and Virginia income tax forms*. Applicants who are not U.S. citizens should also *submit a copy of the visa*.

The purpose of this Virginia Domiciliary Application is to determine a student's eligibility to receive in-state tuition benefits. Before completing the application you should read Section 23-7.4 of the Code of Virginia to determine eligibility for in-state tuition benefits. The statute and guidelines under which the university must operate are on reserve in the University Library. All forms are provided by the State Council of Higher Education for use by all public institutions of higher education in the state.

In order to be eligible to receive in-state tuition benefits, the person filling out this form must have been domiciled in Virginia continuously for at least one year immediately preceding the academic term for which reduced tuition is sought. The person filling out this form must also have the intent to remain in Virginia indefinitely.

Requests for Virginia Domiciliary Status will not be retroactively approved for previous terms.

Name of Applicant						Birth Date			
	last	first	m.i.	maide	n, family, oth	er			
Social Security Number				Term: Fall 🗆	Spring □	Summer Year			
1. Name of Parent or L	egal Guardian (or Spouse							
2. Phone		Relationsh	nip to App	licant					
3. Current Address (include Zip)									
4. Home Address (if different)									
5. 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: Date issued Expires									
6. Have you been a legal domiciliary (permanent resident) of Virginia for the past twelve months? □Yes □No If no, state of permanent residence									
7. Will the applicant be claimed as a dependent on your federal or state income tax return for the tax year prior to the date for which in-state tuition rates are sought? □Yes □No									
8. Will you provide over half of the applicant's financial support for the year prior to the date for which instate 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, etc.?)									
9. If you are the applicant's guardian, is this by court decree? □Yes □No									
10. Is either of the applicant's parents deceased? □ Mother □ Father □ Neither									
11. The applicant's parents are: Married Separated Divorced Other									

12. List your address for the two years	ear period preceding the term in w	which the applicant will enroll. List current address first.
From/To (mo./yr.)	Street Address	City, State, Zip

13. Employment inform Employer	nation for a Addres	•		late for which inst (mo./yr.)	ate tuition rates are sough Hrs./Wk.	it: Salary
14. Did you file a state	income tax	x return with V	irginia for inco	ome earned during	g the past two years? □Ye	s □ No Years
15. Did you file a state	income tax	return with a	nother state for	r income earned d	uring the past two years?	□ Yes □NoYears
16. What was your stat	us when yo	ou filed your la	st state income	e tax return? □ Re	sident 🗆 Nonresident 🗆	Did not file
17. Are you registered When did you regis	to vote? □` ster to vote	Yes □No If yes (mo./yr.)?	s, in what city/c Da	county? ate you last voted	In what state? (mo./yr.)?	State
	ver's licens	e from anothe	r state within t	he last five years?	t first issued (mo./yr.)? ? □Yes□ No If yes, when w	
In what state is it re	egistered?	In wh	What date (1 hat state was th	mo./yr.)? e prior registratio		rrent registration expire
					/county?	
	of record on		last five years, of record Duty static		ne following information: State currently claimed for tax purposes	State where you last paid tax on your military income
23. Do you have the inten for wanting to stay in			ndefinitely? □Ye	es □ No To suppo	rt your answer to this question	on, please discuss your reasons
			·			
24. You may set forth in a determining the applie				or economic ties to	Virginia that you believe sho	uld be considered in
I hereby certify that the in payment of out-of-state fe					l provide erroneous informat	ion in an attempt to evade
Parent (mother/father)	or	Spouse	or	Legal Gu	ardian	Date
Please send completed for The Graduate School	orm to:					

 100 East Grace Street, MSC 6702

 James Madison University

 Harrisonburg, VA 22807
 or you can Fax to: 540-568-7860

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 March 2, 2016