



Office of the University Registrar
 1009 Alfred B. Rollins, Jr. Hall
 Norfolk, VA 23529
 PHONE: 757-683-4425
 FAX: 757-683-5357
 Email: instate@odu.edu

DEADLINE: _____

Date Received _____
 (office use)

STUDENT Supplemental Application for Virginia Instate Rates

The purpose of this supplemental application is to determine a student's eligibility to receive instate tuition benefits. Before completing the application you should read [§23.1-500-510 of the Code of Virginia](#) to determine eligibility for instate tuition benefits. The statute and guidelines under which the university must operate are on reserve in the University Library. Forms are provided by the State Council of Higher Education for use by all public institutions of higher education in the state.

INSTRUCTIONS TO THE STUDENT

If you will be twenty-four (24) years of age by the first day of the term in which you plan to enroll, you must complete this Student form. If you will be under 24 years of age and unmarried, or you will be dependent on a parent or legal guardian on the first day of the term in which you plan to enroll, you must complete this form and your parent/legal guardian must complete the Parent or Legal Guardian Form.

This form and all supporting documents must be returned to the Office of the University Registrar within fourteen (14) days of the initial decision notification date. A decision will normally be reached within twenty-one (21) days of receipt. Supporting documents that should accompany this appeal include copies of Virginia driver and vehicle licenses, Virginia voter registration, and Virginia income tax forms. Student applicants who are not U.S. citizens should also submit a copy of the visa.

In order to be eligible to receive instate tuition benefits, the student must have been domiciled in Virginia continuously for at least one year immediately preceding the academic term for which instate tuition is sought. The student 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 (Student) _____ Birth Date _____

Last, first, middle

maiden, family, other

University ID Number (UIN) _____ Term: Fall Spring Summer Year _____

1. Current Address _____
From/To (Month/Year) Street Address City, State, Zip

Permanent Address (if different) (List your addresses for the past two years.)
From/To (Month/Year) Street Address City, State, Zip

Current Home Phone _____ Work Phone _____ Permanent Phone _____
 When and why did you initially move to Virginia?

If residence in Virginia has not been continuous, please give reasons for absences:

2. 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 _____

3. List ALL high schools, colleges or universities attended. Indicate domicile (instate or out of state) for each college or university

<small>School</small>	<small>From/To (mo./yr.)</small>	<small>Degree</small>	<small>State</small>	<small>Domicile</small>
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4. List any employment during the last three years:

<small>Employer</small>	<small>Address</small>	<small>From/To (mo./yr.)</small>	<small>Hrs./Wk.</small>	<small>Salary</small>
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5. Did you file a Virginia state income tax return for income earned during the past two years? Yes No
If Yes, years _____
6. Did you file a state income tax return with another state for income earned during the past two years? Yes No
If Yes, years _____
7. What was your status when you filed your last state income tax return? Resident Nonresident Did notfile
8. Will you be claimed as a dependent on your parent or legal guardian’s federal or state income tax return for the tax year prior to the date for which instate tuition rates are sought? Yes No
9. Did your parent or legal guardian provide over half of your financial support for the year prior to the date for which instate tuition rates are sought? Yes No

What is your parent or legal guardian’s Permanent Address

From/To (Month/Year)

Street Address

City, State, Zip

10. Are you claiming entitlement to instate tuition as a dependent of a military parent? Yes No
Are you (the student) a member of the armed forces? Yes No

If you, your spouse, or your parent/legal guardian are in the military, please provide the following information:

Date of entering service	Home of record on entering	Changes in home of record (dates/states)	Duty station	Expected date of discharge	State currently claimed for tax purposes	State where you last paid tax on your military income
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^Student^

^Parent/Spouse^

11. Are you registered to vote? Yes No
If Yes, in what city/county? _____ In what state? _____
When did you register to vote (mo./yr.)? _____ Date you last voted (mo./yr.)? _____ State _____
12. Do you have a driver’s license anywhere? Yes No
If Yes, do you have a valid Virginia driver’s license? Yes No
If you have a Virginia driver’s license, when was it first issued (mo./yr.)? _____
Have you had a driver’s license from another state within the last five years? Yes No
If Yes, when was it issued (mo./yr.)? _____
13. Do you operate a motor vehicle? Yes No If Yes, in whose name is it registered? _____
In what state is it registered? _____ Registration date (mo./yr.)? _____
When will the current registration expire (mo./yr.)? _____
In what state was the prior registration of this vehicle? _____ What was the expiration date (mo./yr.)? _____
14. Do you own real property (land) in Virginia? Yes No If Yes, in what city/county? _____
When did you purchase it (mo./yr.)? _____
15. Do you have the intention to remain in Virginia indefinitely? Yes No
To support your answer to this question, please discuss your reasons for wanting to stay in or leave Virginia.

16. Have you accepted an offer of employment with a Virginia employer? Yes No
If Yes, name and address of employer _____
17. You may set forth in a cover letter any further evidence of social or economic ties to Virginia that you believe should be considered in determining your status for payment of instate tuition.

Please be aware that changes to your domicile may affect your eligibility for financial aid, including aid that has already been disbursed. If you have questions, please contact the Office of Financial Aid.

I hereby certify that the information given is true and accurate. I also understand that if I provide erroneous information in an attempt to evade payment of out-of-state fees, out-of-state fees will be charged for each term attended.

Student’s signature

Date

Office Use:

Petition approved

Effective date _____

Petition denied Reason for denial _____