

APPLICATION FOR ADMISSION



FOR OFFICE USE ONLY

EmplID _____
 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, when secured inside a vehicle, 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.*

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(es) will you be enrolling? Credit class(es) Non-credit class(es)
- 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): (_____) _____ - _____
- 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.)

12. Have you lived in Virginia for the last twelve months? Yes No - Where 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
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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 Not indicated
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
(This data to be used for SOC reporting purposes.)
 Pay Grade _____ MOS/Rating _____ Current Military Installation _____

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

High School (graduated or currently enrolled)

High School _____ Address _____
City State Country (if not USA)

Actual or Anticipated Graduation Date _____
mm/yy

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

(If you graduated from VA prior to 2003 or in 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/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 factors.

DOMICILE DETERMINATION FORM



Community Colleges

All students taking credit classes must complete the 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.

Mark the domicile category that applies to you below from choices 1-6. Choose only one category.

- | | |
|--|---|
| <p><input type="checkbox"/> 1. Self: I am <u>age 24 or older</u> and want to claim eligibility based on my own domicile.</p> <p><input type="checkbox"/> 2. Self: I am <u>under age 24</u> and want to claim eligibility based on my own domicile for the following reason(s):</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am a veteran or active duty member of the U.S. Armed Forces. <input type="checkbox"/> Both of my parents are deceased and I have no adoptive or legal guardian. <input type="checkbox"/> I have legal dependents other than my spouse. <input type="checkbox"/> I am financially self-sufficient. <input type="checkbox"/> I am a ward of the court or was a ward of the court until age 18. <input type="checkbox"/> I have a bachelor's degree and I am working on a graduate degree. <input type="checkbox"/> I am married. | <p><input type="checkbox"/> 3. Spouse: I am <u>age 24 or older</u> and want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 4. Spouse: I am <u>under age 24</u> and I want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 5. Parent: I am <u>under age 24</u> and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.</p> <p><input type="checkbox"/> 6. Legal Guardian: I am <u>under age 24</u> and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.</p> |
|--|---|

If you marked box 1 or 2, please complete Section A below.

If you marked box 3, 4, 5, or 6, please complete Section B below.

You may be required to supply "clear and convincing evidence" of your status.

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>1. Applicant's Name: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> First Middle (Full) Last </div> Date of birth: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> (mm) (dd) (yy) </div> </p> <p>2. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is your "A number"? _____ If "No," what is your immigration status? _____</p> <p>3. Are you on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Entry: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </p> <p>4. Are you the dependent of an active duty member in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Entry: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </p>	<p>1. Provide the name of the person upon whom you are basing your domicile: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> First Middle (Full) Last </div> </p> <p>2. Using the above person's information, answer the questions below. Is the above person a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," is he/she a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is his/her "A number"? _____ If "No," what is his/her immigration status? _____</p> <p>3. Is the above person on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," is Virginia listed as the Tax State on his/her Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Entry: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </p> <p>4. Is the above person married to an active duty member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," is Virginia listed as the Tax State on the Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Entry: _____ <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> mm/dd/yyyy mm/dd/yyyy </div> </p>

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>5. Are you retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>	<p>5. Is the above person retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the above person discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>
<p>6. Are you the dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you the dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>	<p>6. Is the above person a dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the above person a dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date of discharge/retirement? _____ mm/dd/yyyy Tax State on LES prior to discharge/retirement: _____ Tax State</p>
<p>7. Have you 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 From Date _____ To Date _____ Address _____ City State Country From Date _____ To Date _____ Address _____ City State Country</p>	<p>7. 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 From Date _____ To Date _____ Address _____ City State Country From Date _____ To Date _____ Address _____ City State Country</p>
<p>8. For the last 12 months, which of the following applies to you: <input type="checkbox"/> paid Virginia income taxes on all earned income <input type="checkbox"/> filed as a resident in another state (list state) _____ <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____ <input type="checkbox"/> was a resident in a state without income tax (list state) _____ <input type="checkbox"/> had no taxable income</p>	<p>8. For the last 12 months, which of the following applies to the above person: <input type="checkbox"/> paid Virginia income taxes on all earned income <input type="checkbox"/> filed as a resident in another state (list state) _____ <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____ <input type="checkbox"/> was a resident in a state without income tax (list state) _____ <input type="checkbox"/> had no taxable income</p>
<p>9. For the past twelve months, have you 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>9. 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>10. For the past 12 months, have you: 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 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 been registered to vote in Virginia? <input type="checkbox"/> Yes <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>10. For the past 12 months, has the above person: 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 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 been registered to vote in Virginia? <input type="checkbox"/> Yes <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>

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 _____