

# REQUEST FOR REACTIVATION OF APPLICATION for Undergraduate Admission

Office of Admissions • 821 W. Franklin St. • Box 842526 • Richmond, VA 23284-2526

Name \_\_\_\_\_  
last first middle initial former/maiden name

Permanent address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

If Virginia, county of residence \_\_\_\_\_ Date of birth \_\_\_\_\_

Cell phone number \_\_\_\_\_ Email \_\_\_\_\_

Citizenship  U.S. citizen  Permanent resident alien, political asylum or refugee:  
 Non-U.S. citizen Resident alien card number A – \_\_\_\_\_  
 Student (F or J) visa Date issued \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Other than F or J visa (Attach a copy of both sides of your alien registration card, Form I-551  
or a copy of your passport stamped "Processed for I-551.")  
Country of citizenship \_\_\_\_\_  
Number of years resided in the U.S. \_\_\_\_\_  
If other, please specify visa type. \_\_\_\_\_

Is English your native language (regardless of citizenship)?  Yes  No; native language: \_\_\_\_\_

Semester and year of entry  Fall \_\_\_\_\_ year Freshman deadline Jan. 15; transfer deadline March 15

Spring \_\_\_\_\_ year Freshman and transfer deadline Nov. 1

Note: All deadlines listed above are for application for general admission to the university.  
Some program deadlines may vary; check departmental websites for specific program deadlines.

Intended major \_\_\_\_\_ Advising track/concentration (if applicable) \_\_\_\_\_

If applying for the School of the Arts, have you submitted your portfolio or arranged for an audition?  Yes  No

Have you attended any other college or institution since applying to VCU?  Yes  No If yes, complete below and please submit an official copy of your transcripts.

Institution name(s) \_\_\_\_\_  Fall  Spring Year \_\_\_\_\_  
Total attempted credit hours \_\_\_\_\_ Through which semester will you be enrolled? \_\_\_\_\_

Have you attended VCU since last applying?  Yes  No  
As a special student for these terms?  Fall  Spring  Summer  
Total credit hours \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No  
If yes, please attach on a separate sheet the date(s) of each conviction and an explanation for each occurrence.

Have you ever been dismissed, suspended or asked to discontinue school?  Yes  No  
If yes, date of suspension: month/year \_\_\_\_/\_\_\_\_ Are you eligible to return?  Yes  No  
If yes, date eligible to return: month/year \_\_\_\_/\_\_\_\_ Please attach explanation.

Are you a veteran of the U.S. Armed Forces?  Yes  No  
Are you going to receive Veterans Affairs educational assistance benefits?  Yes  No

**Certification**  
I hereby certify that I have read the instructions for applying to VCU and that the information submitted by me on or with the application is complete and accurate. I also understand that falsification or failure to provide information requested may result in my immediate dismissal or loss of all credit from the university. My signature is my guarantee that, should I enroll, I agree to abide by all rules and policies, including the Honor System, of Virginia Commonwealth University. Please note: While you will work with academic advisers at VCU, submission of this application for admission serves as acknowledgment that you assume the responsibility for satisfying the university requirements for any VCU degree that you pursue.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# APPLICATION FOR VIRGINIA IN-STATE TUITION

For office  
use only.  
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Completion of this form is required by the commonwealth of Virginia if you are claiming entitlement to Virginia in-state tuition rates pursuant to Section 23.1-502 Code of Virginia. All questions must be answered. When not applicable, mark the N/A box. Section A must be completed by the applicant. Section B of this form must be completed by the parent/legal guardian or spouse if the applicant is a dependent. Supporting documents and additional information may be requested. Return this form with your application for admission. If this form is not submitted, you will be classified as a non-Virginia resident.

## Section A - Applicant

(Please Note: While this information is not required for admission consideration, it is necessary for applicants who wish to be considered for financial aid and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the university.) To protect your privacy, your Social Security number will not be used as your student identification number.

1. Name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_  
Last First M.I. Other (Last Name)

3. Citizenship  U.S.  Permanent resident alien, political asylum or refugee  Non-U.S. If non-U.S., give visa type \_\_\_\_\_

4. Where have you lived in the past two years? (List current address first. Include dates.)  
Street address City State ZIP Code From (MM/DD/YY) To (MM/DD/YY)

5. Students under the age of 24 are presumed to be dependent on a parent or legal guardian unless one of the following applies? (Place a check mark beside all that apply.)

- Age 24 or older as of the first day of the semester in which you intend to enroll
- Veteran or active duty member of the U.S. Armed Forces
- Graduate or professional student
- Ward of the court or was a ward of the court until age 18
- Both parents are deceased, no adoptive or legal guardian
- Legal dependents other than a spouse
- Independent student (attach federal and state tax forms)
- Married

6. Do your parents or legal guardian provide over half of your financial support or claim you as a tax dependent?  Yes  No  N/A

7. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile?  Yes  No  N/A

If Yes, does your spouse provide more than 50 percent of your financial support?  
 Yes  No  N/A

If "Yes" to either No. 7 or 8, Section B must be completed by a parent/legal guardian or spouse.

8. Will you have filed a tax return or paid income taxes to any state other than Virginia during the past year?  Yes  No  N/A

If yes, which state(s)? \_\_\_\_\_

9. For at least one year prior to the semester in which you will enroll, will you have:

- a. Filed a tax return or paid income taxes to Virginia on all earned income?  
 Yes  No  N/A
- b. Been a registered voter in Virginia?  Yes  No  N/A
- c. Held a valid Virginia driver's license?  Yes  No  N/A

10. Do you own or operate a motor vehicle?  Yes  No  N/A

If "Yes," has it been registered in any state other than Virginia during the past year?  
 Yes  No  N/A

11. Are you a member of the U.S. Armed Forces?  Yes  No  N/A

If No, go to No. 13.

- a. Have income taxes been paid to Virginia on all military income for the last year?  
 Yes  No  N/A
- If No, have income taxes been paid to another state?  Yes  No  N/A
- b. Does the current Leave/Earnings Statement reflect Virginia withholding?  
 Yes  No  N/A

If Yes, effective date of change to Virginia: \_\_\_\_\_  
(Attach a copy of your LES and DD-2058.)

12. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces?

Yes  No  N/A

If No, go to No. 14.

a. Have income taxes been paid to Virginia on all military income for the last year?

Yes  No  N/A

If No, have income taxes been paid to another state?  Yes  No  N/A

b. Does the current Leave/Earnings Statement reflect Virginia withholding?

Yes  No  N/A

If Yes, effective date of change to Virginia: \_\_\_\_\_

(Attach a copy of your LES and DD-2058.)

c. Has your parent/legal guardian or spouse claimed you as a dependent for federal and state income taxes?  Yes  No  N/A

13. Is your parent/legal guardian or spouse a retired military member, who currently resides in Virginia and resided in Virginia at the time of their retirement?

Yes  No  N/A

If No, go to No. 15. If Yes, effective date of change to Virginia: \_\_\_\_\_

(Attach a copy of your LES and DD-2058.)

14. If your spouse is in the military, will you have:

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

b. Paid income taxes to Virginia on all earned income?  Yes  No  N/A

15. If your parent/legal guardian is in the military, will the nonmilitary parent/legal guardian have:

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

b. Paid income taxes to Virginia on all earned income?  Yes  No  N/A

c. Claimed you as a dependent for federal and state income tax purposes?  
 Yes  No  N/A

16. If you have lived outside Virginia for the past year, will you have:

a. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?  
 Yes  No  N/A

b. Lived in a contiguous state to Virginia?  Yes  No  N/A

17. If your parent/legal guardian or spouse has lived outside Virginia for the past year, will the parent/legal guardian or spouse have:

a. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?  
 Yes  No  N/A

b. Lived in a contiguous state to Virginia?  Yes  No  N/A

c. Claimed you as a dependent for federal and state income tax purposes?  
 Yes  No  N/A

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 (required) \_\_\_\_\_ Date \_\_\_\_\_

Records and Registration use only

Date \_\_\_\_\_ Initials \_\_\_\_\_



Section B - Parent(s) or Legal Guardian

If your parents/legal guardian or spouse provide over half of your financial support or claim you as a dependent, they must complete this section.

1. Name \_\_\_\_\_  
Last First M.I. Other (Last Name)

2. Relationship to applicant:  Father  Mother  Legal Guardian  Spouse

3. Citizenship  U.S.  Permanent resident alien, political asylum or refugee  Non-U.S. If non-U.S., give visa type \_\_\_\_\_

4. Where have you lived in the past two years? (List current address first. Include dates.)  
Street address City State ZIP Code From (MM/DD/YY) To (MM/DD/YY)

\_\_\_\_\_

\_\_\_\_\_

5. Will you have claimed the applicant as a dependent on your federal and state income tax returns for the tax year prior to the semester in which the applicant will enroll?  
 Yes  No  N/A
6. Will you have provided over half of the applicant's financial support for at least one year prior to the semester in which the applicant will enroll?  Yes  No  N/A
7. Will you have filed a tax return or paid income taxes to any state other than Virginia during the past year?  Yes  No  N/A  
If yes, which state(s)? \_\_\_\_\_
8. For at least one year prior to the semester in which the applicant will enroll, will you have:  
a. Filed a tax return or paid income taxes to Virginia on all earned income?  
 Yes  No  N/A  
b. Been a registered voter in Virginia?  Yes  No  N/A  
c. Held a valid Virginia driver's license?  Yes  No  N/A
9. Do you own or operate a motor vehicle?  Yes  No  N/A  
If Yes, has it been registered in any state other than Virginia during the past year?  
 Yes  No  N/A

10. Are you a member of the U.S. Armed Forces?  Yes  No  N/A  
If No, go to No. 11  
a. Have income taxes been paid to Virginia on all military income for the last year?  
 Yes  No  N/A  
If No, have income taxes been paid to another state?  Yes  No  N/A  
b. Does the current Leave/Earnings Statement reflect Virginia withholding?  
 Yes  No  N/A  
If Yes, effective date of change to Virginia: \_\_\_\_\_  
(Attach a copy of your LES and DD-2058.)
11. Are you a retired military member, who currently resides in Virginia and resided in Virginia at the time of your retirement?  Yes  No  N/A  
If Yes, effective date of change to Virginia: \_\_\_\_\_  
(Attach a copy of your LES and DD-2058.)

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, the applicant may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documentation related to this application, if I am requested to do so.

Signature of parent/legal guardian or spouse (required) \_\_\_\_\_ Date \_\_\_\_\_

Records and Registration use only  
Date \_\_\_\_\_ Initials \_\_\_\_\_

