
Students can choose to appeal their initial tuition rate decision based on their own domicile, a parent's, a court-appointed legal guardian's, or a spouse's. To be considered for in-state rates, that person must have been domiciled in Virginia for at least one year before the first day of classes. Students will also be screened for common exceptions to this requirement based on their answers to the questions below. Eligibility pursuant to Section 23-7.4, Code of Virginia.

Complete the sections below that correspond to your circumstances. Based on your answers, additional evidence may be required to support your status. All documentation must be received no later than the first day of classes for the session in which you intend to enroll. Please contact Enrollment Management with questions.

A. STUDENT INFORMATION

EMPL/Student ID: _____ Name: _____

Phone: _____ Email: _____

1. Are you a U.S. Citizen? Yes No
If no, what is your immigration status? _____
2. Are you an active-duty service member of the armed forces, Foreign Service or intelligence agency? Yes No
 - a. If yes, is Virginia listed as the Tax State on your Leave & Earning Statement? Yes No
 - b. Official Duty Station: _____ Report Date: _____
3. Are you a veteran of the US Armed Forces? Yes No
4. Are you a dependent of either of the following?
an active-duty service member of US Armed Forces, Foreign Service or intelligence agency
a veteran of the US Armed Forces neither

B. APPLY UNDER SELF Continue to the next question if you would like to apply under yourself. Skip to Section C if you would like to apply for domicile under a parent/guardian/spouse.

5. Will you be age 24 or older on or before the first day of classes? Yes (go to 6.) No
 - a. If no, please choose any that apply
Both my parents are deceased
I have no adoptive or legal guardian
I am/was a ward of the court until 18
I am married or have been married
I have legal dependents other than a spouse
I am a graduate student currently working on a graduate or professional degree
I am financially self-sufficient, and my parents/guardian do not claim me as a dependent on their income taxes or provide significant financial support
I am active duty or a veteran***If you are under 24 and did not check any boxes, complete Section C instead**
6. Have you lived in Virginia for the last 12 months Yes No

- a. List addresses and dates for the last 12 months below. Please include City, State, Country. Attach additional sheets if necessary.

Address _____
 _____ Dates _____

Address _____
 _____ Dates _____

7. For the last 12 months which of the following below applies to you?
- Paid VA income taxes on all earned income
 - Filed taxes as a resident in another state, list state: _____
 - Filed taxes as a resident in VA and a non-resident in second state, list state: _____
 - Was a resident in a state without income tax, list state: _____
 - Had no taxable income
 - Lived in another state but worked in VA *and* paid VA income taxes with an income of at least \$14,500
8. For the last 12 months, have you:
- a. Held a Virginia driver's license? Yes No
 - b. Held a driver's license in any other state? Yes No
 If yes, list state: _____
 - c. Owned or registered a vehicle in your name in Virginia? Yes No
 - d. Owned or registered a vehicle in your name in any other state? Yes No
 If yes, list state: _____
 - e. Been registered to vote in Virginia? Yes No
 - f. Been registered to vote in another state? Yes No

C. APPLYING UNDER PARENT/SPOUSE/LEGAL GUARDIAN (skip if you completed section B)

1. Provide the legal name of the person upon whom you are basing your domicile application:

2. Relationship: Parent Spouse Court-appointed Legal Guardian
3. Are they a U.S. Citizen? Yes No
 If no, what is their immigration status? _____
4. Are they an active-duty service member of the armed forces, Foreign Service or intelligence agency? Yes No
- a. If yes, is Virginia listed as the Tax State on their Leave & Earning Statement? Yes No
 - b. Official Duty Station: _____ Report Date: _____
5. Are they a veteran of the US Armed Forces? Yes No
6. Have they lived in Virginia for the last 12 months Yes No
- a. List addresses and dates for the last 12 months below. Please include City, State, Country. Attach additional sheets if necessary.

Address _____
_____ Dates _____

Address _____
_____ Dates _____

7. For the last 12 months which of the following below applies to them?
- Paid VA income taxes on all earned income.
 - Filed taxes as a resident in another state, list state: _____
 - Filed taxes as a resident in VA and a non-resident in another state, list state: _____
 - Was a resident in a state without income tax, list state: _____
 - Had no taxable income.
 - Lived in another state but worked in VA *and* paid VA income taxes with an income of at least \$14,500?
8. For the last 12 months, have they:
- a. Held a Virginia driver's license? Yes No
 - b. Held a driver's license in any other state? Yes No
If yes, list state: _____
 - c. Owned or registered a vehicle in their name in Virginia? Yes No
 - d. Owned or registered a vehicle in their name in any other state? Yes No
If yes, list state: _____
 - e. Been registered to vote in Virginia? Yes No
 - f. Been registered to vote in another state? Yes No

D. **ALL APPLICANTS:** Did you graduate high school in Virginia (or pass a high school equivalency exam) on or after July 1, 2008 *AND* attend two years of high school in Virginia?
 Yes No

The student must provide a written (not typed) signature or the application will not be considered. If Section C was completed, the person listed must also sign below.

I certify under penalty of disciplinary action that all 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. I understand that I can appeal this Level I appeal. Level II appeals should be requested in writing to admissions@vpcc.edu.

Student Signature _____ Date _____

Parent/Guardian/Spouse Signature _____ Date _____

For staff use only:

Initial Reviewer: _____ Date: _____

Additional documents requested: _____

Final Reviewer/Processor: _____ Date: _____

Domicile Determination: IS OS Exception: _____ Effective Term: _____