



Virginia-Maryland College of Veterinary Medicine

Application for Virginia In-State Tuition Rates

If you listed your state of legal residence as Virginia on the centralized application, you must complete this form and submit it to the DVM Admission Office.

Please note: All questions must be answered. Failure to complete this form will result in non-Virginia domicile classification. Eligibility for Virginia in-state tuition privileges (reduced tuition charges) is governed by §23-7.4 of the *Code of Virginia*. The provisions of §23-7.4 of the *Code of Virginia* are set forth, defined, and discussed in the State Council of Higher Education for Virginia’s Domicile Guidelines.

Questions: Please contact the DVM Admission Office at dvmadmit@vt.edu or by phone at 540-231-4699.

SECTION A – TO BE COMPLETED BY THE APPLICANT

1. Full legal Name (Last, First, Middle):

2. Date of Birth: _____ Citizenship: _____
3. Please check all that apply:
 - a. I am a veteran or active duty member of the U.S. Armed Forces
 - b. I am married
 - c. I am a ward of the court or was a ward of the court until age 18
 - d. Both of my parents are deceased and I have no legal guardian.
 - e. I have legal dependents other than a spouse (e.g., my own child).
 - f. I will be 24 years old, or older, on the first day of classes of the semester for which I am applying.

If you selected ANY of the choices for Section A, complete Section B yourself. Otherwise, Section B must be completed by your parent/legal guardian.

SECTION B – TO BE COMPLETED BY THE INDEPENDENT APPLICANT, PARENT, LEGAL GUARDIAN, OR SPOUSE

1. How long have you lived in Virginia: Years: _____ Months: _____
2. Citizenship: U.S. Citizen Permanent Resident Non-Permanent Resident: Visa Type _____
or DACA (Please include supporting documentation)
3. Where have you lived for the past two years? Please list the most recent physical address first:

4. Have you been employed in Virginia for the last two years? Yes No

5. ***If you are completing this as a parent, legal guardian, or spouse:*** Will you have claimed the applicant as a dependent for federal and Virginia income tax purposes prior to the term in which the applicant will enroll? __Yes __No
6. ***If you are completing this as a parent, legal guardian, or spouse:*** Will you have claimed the applicant as a dependent for federal and Virginia income tax purposes prior to the term in which the applicant will enroll? __Yes __No
7. ***If you are completing this as a parent, legal guardian, or spouse:*** Will you have provided over half of the applicant's financial support? __Yes __No

8. For the twelve months prior to the term in which enrollment is sought, will you have:

Yes No

- filed a tax return or paid income taxes to Virginia?
- been a registered voter in Virginia?
- held a valid Virginia driver's license or a Virginia DMV ID card?
- owned or operated a motor vehicle registered in Virginia?
- Are you currently on active duty in the military? __Yes __No

If yes, are you stationed to a permanent duty station in Virginia, Washington, DC, or any state contiguous to Virginia.
 __Yes __No ***If yes, please attach or mail a copy of orders.***

Does your Leave and Earnings Statement reflect Virginia as your state of residence? __Yes __No
If yes, please attach a copy of Leave and Earnings statement reflecting Virginia withholding.

9. Answer this question only if you live outside Virginia, but work in Virginia:

Will you have lived outside Virginia, worked in Virginia, earned at least ***the equivalent of a full-time wage salary*** and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least twelve months prior to the term in which you will enroll?

Yes No ***If yes, please attach a copy of your Virginia income tax forms.***

SECTION C – SIGNATURE(S)

The applicant must sign below or this application will not be processed. *If Section B was completed by parent, spouse, or legal guardian that person must also sign below.*

I certify under penalty of disciplinary action that the information I have provided 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

I certify that the information I have provided is true.

Signature of Parent, Spouse, or Legal Guardian

Date