



APPLICATION FOR PERMISSION TO ENROLL

* Required Fields

BIOGRAPHICAL INFORMATION

Legal Name (An international applicant's name must match the name on his/her passport):

* First/Given _____ Middle _____ * Last/Family _____ Suffix _____

Preferred Name (if applicable): _____

First/Given _____ Last/Family _____

Previous Name (if applicable): _____

First/Given _____ Middle _____ Last/Family _____ Suffix _____ From (MM/DD/YYYY) To (MM/DD/YYYY)

Other Previous Name (if applicable): _____

First/Given _____ Middle _____ Last/Family _____ Suffix _____ From (MM/DD/YYYY) To (MM/DD/YYYY)

* **Sex** Female Male Decline to Answer * **Birthdate:** _____
MM/DD/YYYY

* **Country of Citizenship:** _____
Primary _____ Secondary _____

Citizenship Status: U.S. Citizen Dual U.S. Citizen U.S. Permanent Resident Other Citizenship

To enroll at the University of Virginia a student must be lawfully present in the U.S. based on U.S. federal immigration law, and any visa status held must not prohibit the desired University enrollment.

I am enrolling in an online course or program and I will remain outside the U.S. for the duration of the course or program. Yes No

First language, if other than English: _____

Are you Hispanic / Latino (that is, a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? Yes No

Race: Race Not Specified in List White Black / African American American Indian/Alaska Native Asian
 Native Hawaiian/Pacific Islander

Are you a first generation college student? Yes No

CONTACT INFORMATION

* Mailing address: _____
Line 1

Line 2

Line 3

* City _____ * Country _____

State/Province _____ Zip/Postal Code _____

Mailing address valid for use until what date? _____ MM/DD/YYYY Is your permanent the same as your mailing address? Yes No

Permanent address: _____
Line 1

Line 2

Line 3

City _____ Country _____

State/Province _____ Zip/Postal Code _____

I understand that I must notify in writing the school or office through which I am seeking permission to enroll if either my mailing or my e-mail address should change. Yes

* Primary Telephone: _____ Alternate Telephone: _____ Work Telephone: _____

Fax: _____ * Email Address: _____

Emergency Contact Name: _____
* First/Given _____ Middle _____ * Last/Family _____ Suffix _____

Emergency Contact Mailing Address:

Line 1

Line 2

Line 3

City _____ Country _____

State/Province _____ Zip/Postal Code _____

APPLICATION INFORMATION

* Please list the school through which you are seeking permission to enroll: _____

* Select your level of study: Undergraduate Graduate Noncredit

What classes do you wish to take (if known)? _____

* In what term do you wish to apply? _____ * In what year do you wish to apply? _____

Have you previously attended the University of Virginia? Yes No

* Have you previously applied to enroll at the University of Virginia? Yes No

* Are you currently enrolled in a University of Virginia degree and/or certificate program? Yes No

Have you contacted any University of Virginia faculty concerning your intended studies at UVA? Yes No

If yes, whom have you contacted? _____

Are you currently employed by the University of Virginia? Yes No

If you are an employee, please see <http://www.hrs.virginia.edu/benefits/education/twinstruct.html> for information and instructions regarding the University's educational benefits.

ACADEMIC INFORMATION

EDUCATIONAL HISTORY (List your highest degree first)

College / University #1: _____

Name

Country

State or Province

City

From (MM/DD/YYYY)

To (MM/DD/YYYY)

Degree Earned

Degree Conferral Date

Major

GPA

College / University #2: _____

Name

Country

State or Province

City

From (MM/DD/YYYY)

To (MM/DD/YYYY)

Degree Earned

Degree Conferral Date

Major

GPA

College / University #3: _____

Name

Country

State or Province

City

From (MM/DD/YYYY)

To (MM/DD/YYYY)

Degree Earned

Degree Conferral Date

Major

GPA

I am an individual who has a physical or mental impairment that substantially limits one or more major life activities. Yes No

* Have you ever been convicted of (or is any charge now pending against you for) any crime other than a traffic violation? Yes No

If yes, please explain.

Have you ever been the subject of academic or non-academic disciplinary action or been suspended or expelled from school for any disciplinary or honor code infraction? Yes No

EMPLOYMENT INFORMATION

Employer Name

Position Title

If applicable, please list the organization/company sponsoring your enrollment: _____

ADDITIONAL INFORMATION

Please check the boxes which apply to you:

- I am an exchange student.
- I qualify for Federal Disadvantaged Assistance.
- I qualify for Loans for Disadvantaged Students Program.
- I am in the military or am a veteran.
- I am planning to apply to a degree program within the University.
- I am planning to receive a degree in the coming year from the University of Virginia.
- I am planning to receive a degree in the coming year from another university.
- I am supported by minority access to research careers.

UNIVERSITY HONOR CODE

*** Honor Code and Application Agreement: I have read the explanation of the Honor System. I understand that as a student at the University of Virginia, I will be participating in this system. I agree to support and abide by the Honor System, which prohibits lying, cheating, and stealing. I understand and accept that the Honor System is administered entirely by student representatives, including investigations, adjudications, and appeal review, and that violations may result in permanent expulsion and revocation of any University degree. Yes**

Go to <http://www.virginia.edu/honor/about.html> to read an explanation of the Honor System.

Go to <http://www.virginia.edu/honor/documents.html> for a description of the Honor Committee governing documents.

VERIFICATION OF INFORMATION

By signing this form you, your parent, spouse, or legal guardian, are affirming that all the information provided is true and correct.

Applicant Signature

Date

Parent, Spouse, or Legal Guardian Signature (if applicable)

Date

Submit the Application for Virginia In-State Educational Privileges ONLY if you claim entitlement to Virginia in-state educational privileges pursuant to the Code of Virginia, Section 23-7.4. Please answer all questions and provide any necessary explanations. All supporting documentation must be mailed or faxed by the appropriate deadline. Avoid delaying the determination process: mail or fax supporting documentation when this form is submitted and do not both mail and fax. Do not submit original documents.

You may be ineligible for in-state privileges if the application and all supporting documents are not received by the appropriate deadline.

Applications received after the first day of class of the semester for which in-state privileges are sought will not be reviewed.

You may send all supporting Virginia status documents to the same location to which you are sending your Permission to Enroll form.

Pursuant to Virginia law and University policy, you have the right to appeal if you are denied in-state privileges. Please notify, in writing, the Director of the Committee on Virginia Status if you intend to appeal. Notification must be received no more than fourteen calendar days after receipt of the denial or notice of appeal will not be timely and an appeal will not be heard.

All applicants must complete Section A. If you are under the age of 24 and listed as a dependent on the state and federal income tax returns of your parent or legal guardian, your parent or legal guardian must complete Sections B and C.

If you are under the age of 24 and your parent, spouse or legal guardian has provided you substantial financial support during the past year, your parent, spouse or legal guardian must complete Sections B and C.

If you are a financially independent student, regardless of age, and your parents or legal guardian do not claim you as a dependent for income taxes or have not provided you with substantial financial support during the past year, you must complete Sections A and C.

If you are an emancipated minor under the age of 18, you must complete Sections A, B and C.

If you are over the age of 24 and you are claimed as a dependent for income tax purposes by your parent or have received substantial financial support from your parent during the past year, your parent must complete Sections B and C.

If you are over the age of 24 and your spouse provided you with substantial financial support during the past year, your spouse must complete Sections B and C.

All applicants must sign and date the form. A parent, spouse or legal guardian must sign and date the form only if he or she completed Sections B and C on your behalf.

If you, the applicant, are not a United States citizen, please submit a copy of your visa or Permanent Resident card. If your visa or Permanent Resident card is in process, you must submit all available documents. If your parent, spouse or legal guardian is not a United States citizen and completes Sections B and C on your behalf, you must submit a copy of his or her visa or Permanent Resident card. If your parent, spouse or legal guardian's visa or Permanent Resident card is in process, you must submit all available documents. This Application will not be reviewed without this documentation.

Please contact the Committee on Virginia Status at: 434-982-3391 if you have any questions regarding the completion of this application.

I have read and understand these instructions.

VIRGINIA STATUS INFORMATION

SECTION A *(All applicants complete this section)*

Name: _____
First/Given Middle Last/Family Suffix

Date Sent: _____ **Sex** Female Male Decline to Answer **Birthdate:** _____
MM/DD/YYYY MM/DD/YYYY

Country of Citizenship: _____
Primary Secondary

Citizenship Status: If non-US citizen, submit a copy of your permanent resident card or visa. (If you are in the process of adjusting your immigration status, submit documentation). This application will not be reviewed without this documentation.

Telephone Information (Country Code if not U.S., Area Code, and Number): _____
Primary Alternate

Email Address: _____

SECTION B *(Applicants do not complete this section)*

To be completed by parent, spouse, or legal guardian of financially dependent applicants. If the applicant's parents are divorced or separated, either the parent living in Virginia, or the parent who provided substantial financial support for the past year, or the parent who claimed the applicant as a dependent for income tax purposes for the past year must complete sections B and C.

Legal Name: _____
First/Given Middle Last/Family Suffix

Relationship to applicant: _____

Marital Status: _____

Country(ies) of Citizenship: _____
Country of citizenship Other country of citizenship Citizenship status

If non-US citizen, submit a copy of your permanent resident card or visa. (If you are in the process of adjusting your immigration status, submit documentation). This application will not be reviewed without this documentation.

Date Sent: _____
MM/DD/YYYY

Telephone Information: (Country Code if not U.S.), Area Code and Number: _____
Primary Alternate

Email Address: _____

Will you have provided over half of the applicant's financial support for at least one year prior to the term in which the applicant will enroll?

Yes No

Will you have claimed the applicant as a dependent on your federal and Virginia income tax returns for the tax year prior to the term in which the applicant will enroll? Yes No

SECTION C

(To be completed by the applicant's parent, spouse, or legal guardian if the applicant is financially dependent or by the applicant only if financially independent)

How long have you lived (physical presence) in Virginia? _____
Years Months

Where have you lived (physical presence) in the last two years?

From	To	
Current Address Line 1		
Current Address Line 2		
Current Address Line 3		
City		Country
State/Province		Zip/Postal Code

From	To	
Previous Address Line 1		
Previous Address Line 2		
Previous Address Line 3		
City		Country
State/Province		Zip/Postal Code

If you have not lived in Virginia within the last two years, have you ever lived in Virginia? Yes No _____
From To

Where have you been employed for at least one year prior to the term for which in-state privileges are sought?

Current Employment begin date (MM/DD/YYYY)	Current Employment end date (MM/DD/YYYY)	Current Employer Hours/week
Current Employer Name	Current Employer City	Current Employer State
Previous Employment begin date (MM/DD/YYYY)	Previous Employment end date (MM/DD/YYYY)	Previous Employer Hours/week
Previous Employer Name	Previous Employer City	Previous Employer State

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

If yes, explain:

SECTION C (continued)

For at least one year immediately prior to the term for which entitlement is sought, will you have:

- Filed a resident tax return or paid resident taxes to Virginia on all earned income? Yes No
- Been a registered voter in Virginia? Yes No If no, are you a registered voter in any state? Yes No
- Held a valid Virginia driver's license? Yes No If no, are you a licensed driver in any state? Yes No
- Do you own or operate a motor vehicle? Yes No If yes, has it been registered in Virginia during all of the past year? Yes No

ANSWER THIS QUESTION ONLY IF YOU LIVE OUTSIDE VIRGINIA BUT WORK IN VIRGINIA.

Will you or your parent have lived outside Virginia, been employed full-time in Virginia, and paid non-resident Virginia income taxes on all taxable income earned for at least one year immediately prior to the term for which in-state privileges are sought? Yes No
If yes, please submit a letter verifying employment in Virginia, including dates and terms of employment and a copy of non-resident Virginia income tax return. This application will not be reviewed without this documentation.

Are you or your spouse currently in the military? Yes No **If yes check:** Self Spouse

Are resident Virginia income taxes being paid on all military income? Yes No **If yes, as of what date?** _____

Where were you stationed on that date? _____

If yes, submit a current copy of a Leave and Earnings Statement. This application will not be reviewed without this documentation.

ANSWER THIS QUESTION ONLY IF YOU ARE MILITARY PERSONNEL CLAIMING ELIGIBILITY FOR YOURSELF, YOUR SPOUSE OR YOUR DEPENDENT.

Are you active duty military personnel assigned to a permanent duty station in Virginia, a state contiguous to Virginia, or Washington, D.C.?
 Yes No

Are you presently residing in Virginia? Yes No

If yes, submit a copy of your current active duty orders. This application will not be reviewed without this documentation.

Please review all responses carefully before submitting this form. This information will be used to determine eligibility for in-state privileges. Incomplete or incorrect information will delay the review of the application for admission.

By signing this form you, your parent, spouse, or legal guardian, are affirming that all the information provided is true and correct.

 Applicant Signature Date

 Parent, Spouse, or Legal Guardian Signature (if applicable) Date