

For Office Use Only User ID _____
IS _____ OS _____
Staff Initial _____
Date _____

# Virginia Community College System

## Application for Admission



1. a. Have you ever applied to any Virginia Community College? \_\_\_\_ Yes \_\_\_\_ No  
If yes, most recent year: \_\_\_\_\_
- b. Have you ever been employed by a VCCS college? \_\_\_\_ Yes \_\_\_\_ No
- c. If you answered yes to 1a. or 1b. and you know your **User ID**, please provide: \_\_\_\_\_
2. What term will you begin classes? 20\_\_\_\_ (Check one) Term: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer
3. In what type of class will you be enrolling? \_\_\_\_\_ credit classes \_\_\_\_\_ non-credit classes \_\_\_\_\_ both
4. Prefix: \_\_\_\_ Mr. \_\_\_\_ Miss \_\_\_\_ Ms. \_\_\_\_ Mrs. Other: \_\_\_\_\_
5. Name: \_\_\_\_\_  
First Full Middle Last
6. Suffix: \_\_\_\_ Jr. \_\_\_\_ Sr. \_\_\_\_ II \_\_\_\_ III Other: \_\_\_\_\_
7. Former name: \_\_\_\_\_  
First Full Middle Last
8. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **See privacy statement below.**
9. Gender: \_\_\_\_ Male \_\_\_\_ Female
10. Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Day) (Year)
11. Military information: ( ) no ( ) active duty ( ) active reserves ( ) inactive reserves ( ) retired  
( ) veteran ( ) military spouse ( ) military dependent child Branch: \_\_\_\_\_
12. Racial / Ethnic group: \_\_\_\_ White \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_ Asian or Pacific Islander Other: \_\_\_\_\_
13. Are you a U.S. citizen? \_\_\_\_ Yes \_\_\_\_ No **(If yes, continue to question #14)**  
If no, what is your country of citizenship? \_\_\_\_\_  
  
What is your current immigration status with the U.S.?  
( ) Not in U.S. – I am requesting \_\_\_\_\_ visa status.  
( ) Currently in U.S.  
Permanent Status: ( ) resident alien ( ) asylee ( ) refugee A#: \_\_\_\_\_  
Temporary Status: Specify visa type \_\_\_\_\_ and expiration date \_\_\_\_\_  
Are you requesting a change of status to an F-1 or M-1 visa? ( ) yes ( ) no
14. Is English your native language? \_\_\_\_ Yes \_\_\_\_ No

**PRIVACY STATEMENT REGARDING DISCLOSURE OF SOCIAL SECURITY NUMBER –**  
 “Disclosure of your social security number is not required at this time, but it is highly recommended. Disclosure ultimately will be required for most students at the time of enrollment, per Section 6050S of the Restructuring and Reform Act of 1998, or at the time of disbursement of federal financial aid, per 34 Code of Federal Regulations Part 668.36. The VCCS will only use your social security number in accordance with federal and state reporting requirements, and for identification and research 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.” (over)

15. Mailing address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (ZIP) (Country, if not USA)

16. Phone (include area code): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

17. Email address: \_\_\_\_\_

18. If you live in Virginia, provide your city or county of residence: \_\_\_\_\_  
If you live outside of Virginia, provide the state and/or country of residence: \_\_\_\_\_

19. If employed: business phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ extension: \_\_\_\_\_

20. Employer name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

21. Do you plan to pursue a degree, certificate, or diploma? \_\_\_ Yes \_\_\_ No  
If yes, then identify your plan of study (refer to the college's list of plans): \_\_\_\_\_  
(Financial Aid students **must** check yes and identify an approved plan of study.)

- If No, give 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)
  - \_\_\_ pursuing college courses while in high school

22. Secondary Education Type: ( \_\_\_ ) GED ( \_\_\_ ) High School ( \_\_\_ ) Home Schooled

School/Agency Name: \_\_\_\_\_

Located in: \_\_\_\_\_  
City/County State Country

GED or High School Graduation Date: \_\_\_\_\_  
mm/yy

Anticipated Graduation Date: \_\_\_\_\_  
mm/yy

Non-Graduate: Highest grade completed \_\_\_\_\_ Date completed \_\_\_\_\_  
mm/yy

Type of high school diploma or certificate: \_\_\_\_\_  
**Please use the following types of diplomas or certificates: General Diploma (Includes: Advanced Studies, Standard, Modified Standard, or GED), Other (Includes: Special Diploma or Certificate of Completion), or Don't Know**

23. Colleges/Universities attended. If you have taken any college classes, please list all colleges attended with 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 Enrolled	Degrees
		-	
		-	
		-	
		-	

24. Are you eligible to enroll at the last college attended? \_\_\_ Yes \_\_\_ No

25. Transcripts, Placement Tests, SAT/ACT Scores

Please send any official transcripts if applying for allied health plans. Placement test results from other colleges may be required. SAT/ACT scores are optional. Contact the college admissions office if you have any questions.

26. Do you want to apply for in-state tuition rates? \_\_\_ Yes \_\_\_ No Selecting NO will cause you to be charged higher out-of-state tuition rates. 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.

*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", please sign and date the application. If you wish to be considered for in-state tuition rates, certain contract rates, or are planning to apply for Senior Citizen benefits, you must also complete the Application for In-State Tuition.*

*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: \_\_\_\_\_

(or)

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) handicap, national origin or other non-merit factors. Employer, date of birth, sex, and race information are used for research, reporting and management of student records.*

## Application for In-state Tuition

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.

27. Please choose the domicile where you want to base your eligibility for in-state tuition:

- Parent's Domicile: Choose this option when you receive over half of your financial support or you are claimed as a tax dependent by your parents.
- Legal Guardian's Domicile: Choose this option if you are under the custody of a court-appointed legal guardian.
- Spouse's Domicile: Choose this option when you are married and want to claim eligibility for in-state tuition based on your spouse's domicile.
- Your Domicile: Choose this option when you want to claim eligibility for in-state tuition based on your own domicile.

**If you are under the age of 24, your eligibility must be based on your parent or legal guardian unless one of the following applies: (Check all that apply) You may be required to supply "clear and convincing evidence" of your status.**

- I am a veteran or active duty member of the U.S. Armed Forces.
- I have legal dependents other than my spouse.
- I am a ward of the court or was a ward of the court until age 18.
- I am enrolled in graduate school.
- I am married.
- Both my parents are deceased and I have no adoptive parents or legal guardian.
- I can present clear and convincing evidence that I am financially self-sufficient.

**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.

(over)

# Application for In-state Tuition

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.

Where have you lived for the past two years? List current address first:

From (mo/yr) To (mo/yr) Street Address City State

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

28. Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(First) (Middle) (Last) (mm) (dd) (yy)

In-State Tuition Based on: \_\_\_\_\_ You \_\_\_\_\_ Parent's \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Spouse

Their Name: \_\_\_\_\_

29. Answer the following questions.

**For the entire 12 months prior to the term in which you enroll, will**

\_\_\_\_\_ your Parent \_\_\_\_\_ your Legal Guardian \_\_\_\_\_ your Spouse or \_\_\_\_\_ you have...

... continuously lived in and will continue to live in Virginia? \_\_\_ Yes \_\_\_ No

... filed a tax return or paid income taxes to Virginia? \_\_\_ Yes \_\_\_ No

... been a United States citizen? \_\_\_ Yes \_\_\_ No

... been a permanent alien resident? \_\_\_ Yes \_\_\_ No

If yes, enter the A#: \_\_\_\_\_

... been registered to vote in Virginia? \_\_\_ Yes \_\_\_ No \_\_\_ Registered in another state

... held a valid Virginia driver's license or Virginia DMV ID? \_\_\_ Yes \_\_\_ No \_\_\_ Registered in another state

... owned or operated a motor vehicle registered in Virginia? \_\_\_ Yes \_\_\_ No \_\_\_ Registered in another state

... lived outside of Virginia, but worked in Virginia,

earned at least the equivalent of a full-time wage

salary, and paid Virginia income taxes on all

taxable income in this Commonwealth? \_\_\_ Yes \_\_\_ No \_\_\_ Registered in another state

... filed a tax return or paid income taxes to a state other than Virginia? \_\_\_ Yes \_\_\_ No

If yes, paid or filed in what state? \_\_\_\_\_

30. Are you on active duty with the military? \_\_\_ Yes \_\_\_ No

If yes, enter the state listed on the Leave and Earnings Statement (LES) and the date when it became effective for this state: \_\_\_\_\_

Are you stationed in Virginia pursuant to orders? \_\_\_ Yes \_\_\_ No

If yes, provide the reporting date listed on your orders to Virginia. \_\_\_\_\_  
mm/dd/yy

31. Have you retired or been discharged from the military? \_\_\_ Yes \_\_\_ No

If yes, enter the retirement or discharge date. \_\_\_\_\_

32. Is your spouse on active duty with the military? \_\_\_ Yes \_\_\_ No

If yes, enter the state listed on the Leave and Earnings Statement (LES) and the date when it became effective for this state: \_\_\_\_\_

Is your spouse stationed in Virginia pursuant to orders? \_\_\_ Yes \_\_\_ No

If yes, provide the reporting date listed on your spouse's orders to Virginia. \_\_\_\_\_  
mm/dd/yy

33. Has your spouse retired or been discharged from the military? \_\_\_ Yes \_\_\_ No

If yes, enter the retirement or discharge date. \_\_\_\_\_ mm/dd/yy