

VIRGINIA DOMICILE DETERMINATION FORM

Virginia applicants must complete the Domicile

Determination Form.

Eligibility for in-state tuition is pursuant to Section 23-7.4, *Code of Virginia*. Please contact VMCVM DVM Admissions Office (dvmadmit@vt.edu) if you have any questions.

Mark the domicile category that applies to you below from choices 1-6. Choose only one category. You may be required to supply "clear and convincing evidence" of your status.

- □ **1. Self:** I am <u>age 24 or older</u> and want to claim eligibility based on my own domicile.
- □ **2. Self:** I am <u>under age 24</u> and want to claim eligibility based on my own domicile for the following reason(s):
 - \square I am a veteran or active duty member of the U.S. Armed Forces.
 - □ Both of my parents are deceased and I have no adoptive or legal guardian.
 - □ I have legal dependents other than my spouse.
 - □ I am financially self-sufficient.
 - \Box I am a ward of the court or was a ward of the court until age 18.
 - \square I have a bachelor's degree and I am working on a graduate degree. \square

If you marked box 1 or 2, please complete Section A below.

 \Box I am married.

- □ **3. Spouse:** I am <u>age 24 or older</u> and want to claim eligibility for in-state tuition based on my spouse's domicile.
- □ 4. Spouse: I am <u>under age 24</u> and I want to claim eligibility for in-state tuition based on my spouse's domicile.
- □ **5. Parent:** I am <u>under age 24</u> and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.
- □ 6. Legal Guardian: I am <u>under age 24</u> and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.

If you marked box 3, 4, 5, or 6, please complete Section B below.

A. Applicant's Information

B. Parent, Legal Guardian, or Spouse's Information

1. A	Applicant's Name:		Provide the name of the person upon whom you are basing your domicile:	
	First Middle (Full) Last			
D	Date of birth:		First Middle (Full) Last	
2. Ar	re you a U.S. Citizen? 🗆 Yes 🗆 No	2	Using the above person's information, answer the questions below.	
lf	"No," are you a permanent resident? 🛛 Yes 🖾 No		Is the above person a U.S. citizen? \Box Yes \Box No	
lf	"Yes," what is your "A number"?		If "No," is he/she a permanent resident? 🛛 Yes 🖾 No	
lf	"No," what is your immigration status?		If "Yes," what is his/her "A number"?	
			If "No," what is his/her immigration status?	
lf	re you on active duty in the U.S. Armed Forces? □ Yes □ No "Yes," is Virginia listed as the Tax State on your Leave and Earning tatement? □ Yes □ No	3	Is the above person on active duty in the U.S. Armed Forces? □ Yes □ No If "Yes," is Virginia listed as the Tax State on his/her Leave and Earning Statement? □ Yes □ No	
D	ate of Entry:		Date of Entry:	
	ate of Entry:		mm/dd/yyyy	
0	official Duty Station:		Official Duty Station:	
	State		State	
R	eporting Date: Duration of Orders: mm/dd/yyyy mm/dd/yyyy		Reporting Date: Duration of Orders: mm/dd/yyyy mm/dd/yyyy	
U. L	re you the dependent of an active duty member in the .S. Armed Forces?] Yes □ No "Yes," is Virginia listed as the Tax State on your Leave and Earning tatement? □ Yes □ No	4	 Is the above person married to an active duty member of the U.S. Armed Forces? Yes □ No If "Yes," is Virginia listed as the Tax State on the Leave and Earning Statement? □ Yes □ No 	
D	late of Entry:		Data of Fatme	
	mm/dd/yyyy		Date of Entry: mm/dd/yyyy	
0	fficial Duty Station:		Official Duty Station:	
	State		State	
R	eporting Date: Duration of Orders: mm/dd/yyyy mm/dd/yyyy		Reporting Date: Duration of Orders:	
	mm/dd/yyyy mm/dd/yyyy	1	mm/dd/yyyy mm/dd/yyyy	

Α.	Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
	Are you retired from the U.S. Armed Forces? ☐ Yes ☐ No Were you discharged from the U.S. Armed Forces? ☐ Yes ☐ No If "Yes," date of discharge/retirement?	 S. Is the above person retired from the U.S. Armed Forces? □ Yes □ No Is the above person discharged from the U.S. Armed Forces? □ Yes □ No If "Yes," date of discharge/retirement?
	Tax State on LES prior to discharge/retirement:	Tax State on LES prior to discharge/retirement:
	Are you the dependent of someone retired from the U.S. Armed Forces? □ Yes □ No	6. Is the above person a dependent of someone retired from the U.S. Armed Forces? □ Yes □ No
	Are you the dependent of someone discharged from the U.S. Armed Forces? □ Yes □ No	Is the above person a dependent of someone discharged from the U.S. Armed Forces? □ Yes □ No
	If "Yes," date of discharge/retirement?	If "Yes," date of discharge/retirement?
	Have you lived in Virginia for the last 12 months? Yes No If "No," list address(es) for the last 24 months From Date Address City State Country From Date To Date Address	 Has the above person lived in Virginia for the last 12 months? Yes No If "No," list address(es) for the last 24 months From Date Address City State Country From Date Address
	Address City State Country	Address City State Country
	 For the last 12 months, which of the following applies to you: paid Virginia income taxes on all earned income filed as a resident in another state (list state)	 8. For the last 12 months, which of the following applies to the above person: paid Virginia income taxes on all earned income filed as a resident in another state (list state)
	For the past twelve months, have you lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? ☐ Yes ☐ No If "Yes," list state	 9. For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? □ Yes □ No If "Yes," list state
	For the past 12 months, have you: held a Virginia Driver's license or Virginia DMV ID?	 10. For the past 12 months, has the above person: held a Virginia Driver's license or Virginia DMV ID? □ Yes □ No If "No," has the applicant held a Driver's license or DMV ID to any other state? □ Yes (List state) □ No
	owned or operated a motor vehicle registered in Virginia? Yes No If "No," has the applicant owned or operated a motor vehicle registered in any other state? Yes (List state) No	owned or operated a motor vehicle registered in Virginia? Yes No If "No," has the applicant owned or operated a motor vehicle registered in any other state? Yes (List state) No
	been registered to vote in Virginia?	been registered to vote in Virginia? □ Yes □ No If "No," has the applicant been registered to vote in another state? □ Yes (List state) □ No

<u>Please note:</u> 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. 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.

Signature of Applicant