

Residency/Domicile Determination Form

Eligibility for in-state tuition is pursuant to Section 23-7.4 Code of Virginia.

FAILURE TO COMPLETE AND RETURN THIS FORM WILL RESULT IN AN OUT-OF-STATE CLASSIFICATION FOR TUITION PURPOSES.
All students taking credit classes must complete this portion of the application. Please contact the NRCC Admissions and Records Office with your questions.

1. Applicant's Name: _____ Date of birth: ____/____/____
First Full Middle Last mm dd yy

2. Please choose the domicile on which you want to base your eligibility for in-state tuition:

Parent's Domicile: Choose this option if 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 if you are married and want to claim eligibility for in-state tuition based on your spouse's domicile.

Your Domicile: Choose this option if 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 am married.

I have legal dependents other than my spouse.

Both of my parents are deceased and I have no adoptive or legal guardian.

I am a ward of the court or was a ward of the court until age 18.

I can present clear and convincing evidence that I am financially self-sufficient.

I am enrolled in graduate school.

3. Provide the name of the person upon whom you are basing your domicile: _____
First Middle Last

4. Answer the following questions. For the entire 12 months prior to the term in which you enroll, will the person in Question 3 have:

• continuously lived in and continue to live in Virginia? Yes No

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

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

• filed a tax return or paid income taxes to Virginia? Yes No Income Income in another state

• been a United States citizen? Yes No

If no, been a permanent alien resident? Yes No

If yes, provide the A# _____

• been registered to vote in Virginia? Yes Not Registered Registered in another state

• held a valid Virginia driver's license or Virginia DMV ID? Yes No license or ID Licensed in another state

• owned or operated a motor vehicle registered in Virginia? Yes No vehicle Registered in another state

• lived outside of Virginia, but worked in Virginia, earned at least the equivalent of full-time wage salary, and paid Virginia income taxes on all taxable income in this Commonwealth? Yes No

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

If yes, paid or filed in what state? _____

MILITARY INFORMATION

5. Is the person listed in Question 3 on active duty with the military? Yes No

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

State: _____ Effective Date: ____/____/____ (mm/dd/yy)

Is the person listed above stationed in Virginia pursuant to orders? Yes No

If yes, provide the reporting date listed on the orders to Virginia. ____/____/____ (mm/dd/yy)

If yes, will the spouse of the person in Question 3 have resided in Virginia, earned at least the equivalent of a full-time wage salary and paid

income taxes to Virginia for one year prior to the start of the term in which you will enroll? Yes No

6. Has the person listed in Question 3 retired or been discharged from the military? Yes No

If yes, provide the retirement or discharge date. ____/____/____ (mm/dd/yy)

7. Is the spouse of the person listed in Question 3 on active duty with the military? Yes No

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

State: _____ Effective Date: ____/____/____ (mm/dd/yy)

Is the spouse of the person listed in Question 3 stationed in Virginia pursuant to orders? Yes No

If yes, provide the reporting date listed on the orders to Virginia. ____/____/____ (mm/dd/yy)

If yes, will the person in Question 3 have resided in Virginia, earned at least the equivalent of a full-time wage salary and paid income taxes to Virginia for one year prior to the start of the term in which you will enroll? Yes No

8. Has the spouse of the person in Question 3 retired or been discharged from the military? Yes No

If yes, provide the retirement or discharge date. ____/____/____ (mm/dd/yy)

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. 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 Date

Signature of Parent, Legal Guardian or Spouse Date