

I understand that the information in the below section is required. I further understand that, should any of my answers change after I have submitted my application, it is my responsibility to inform the Old Dominion University Office of Admissions immediately. *

I also understand and agree that if I am offered admission to Old Dominion University and choose to enroll, I have a continuing obligation to report to the Office of Student Conduct and Academic Integrity a l :1

-
-
- **MUST** sign submit this form before the first day of classes of the term for which you are applying
- *All questions must be answered. Incomplete/unsigned applications will experience delay in processing.*

Term for which you are applying for Virginia Status: Fall Spring Summer Year: 20_____

Application Status: First application for Virginia Instate Tuition Applying to be reclassified

Name: _____
(Last Name, First Name, Middle Name or Initial)

Date of Birth: _____ University ID Number: _____ Social Security Number: _____
(if known) (optional – for Federal reporting purposes)

Email Address: _____ Daytime Phone: _____

CURRENT ADDRESS

From (mm/yy): _____ Street Address: _____
To (mm/yy) _____ City, State, Zip _____
Country _____

PREVIOUS ADDRESS

(Only necessary if you have lived at your current address less than two years.)

From (mm/yy): _____ Street Address: _____
To (mm/yy) _____ City, State, Zip _____
Country _____

1. How long have you lived in Virginia? Mo 3 Tu lived 2(3 TTm -51__2r30.4(0.4(93 2h4(9 IJ a4(93 2n9 IJ a4. .

Section B: STUDENT STATUS

- Will you be age 24 or older before the first day of classes Yes No
2. Are you a veteran of the U.S. Armed Forces? Yes No
3. Will you be enrolled in a graduate or professional program (beyond a Bachelor's degree)? Yes No
4. Are you married? Yes No
5. Are you an orphan or a ward of the court, or were you a ward of the court until age 18? Yes No
6. Do you have any legal dependents (other than a spouse)? Yes No
7. Did you file an individual Federal tax return last year (no one claimed you as a dependent)? Yes No

*If you answered Yes to **any** question, go to Section C and complete for yourself.*

If you answered No to every question . . . STOP . . . sign below and have your parent or legal guardian complete Sections C and D.

Section C: RESIDENCY

Who is completing Section C?

Check One: Applicant: Parent Spouse Legal Guardian (please attach proof of legal guardianship)

1. Name: _____
Last First Middle
2. Citizenship: U.S. Non-U.S. If non-U.S., give visa type: _____
3. How long have you lived in Virginia? Greater than 365 days Less than 365 days
4. Where have you lived in the last two years?

CURRENT ADDRESS

From (mm/yy): _____ Street Address: _____
To (mm/yy) _____ City, State, Zip _____
Country _____

PREVIOUS ADDRESS

(Required if you have lived at your current address less than two years.)

From (mm/yy): _____ Street Address: _____
To (mm/yy) _____ City, State, Zip _____
Country _____

5. Do you have the present intention to remain indefinitely in Virginia? Yes No
6. Will you have filed a tax return and paid income taxes to Virginia during the last 12 months? Yes No
7. Do you have a valid Virginia driver's license? Yes No
If **Yes**, will you have held that license for the entire 12 months prior to the first day of applicant's classes? Yes No
8. Are you a registered Virginia voter? Yes No
If **Yes**, will you have been a registered VA voter for the entire 12 months prior to the first day of applicant's classes? Yes No
9. Do you own a motor vehicle that is registered in the state of Virginia? Yes No
If **Yes**, will you have owned this vehicle for the entire 12 months prior to the first day of applicant's classes? Yes No

Questions 10 and 11 are for the Parent, Spouse or Legal Guardian

10. Will you have claimed the applicant as a dependent on your federal and Virginia income taxes during the last 12 months? Yes No
11. Will you have provided over half of the applicant's financial support during the last 12 months? Yes No

Section D: SIGNATURES

The applicant must sign below. If **Section C** has been completed by a parent, spouse or legal guardian that person must also sign below. To "sign" this document electronically, click the signature field and enter your name and the date you are completing the form. Using this method is considered the same as your handwritten signature. You may also enter a digital signature if you have one.

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

Signature of Applicant (student)

Date

Signature of Parent, Spouse, or Legal Guardian

Date