

The purpose of this form is to reactivate a previous admission to Old Dominion University. Complete this form and email to gradadmit@ odu.edu.

1. LAST name		2. FIRST	name		3. Initial	4. Previous	name(s) or maide	n name
5. Student ID #	6. D	ate of birth (MM-DD-YYYY)	M F 7. Gender	8. Ema	il address			
9. (Current) Address				10. Apt.	11. City		12. State/Pro	vince
13. Zip	14. C	ountry		15. Home p	hone number	16.	Alternate (work,	cell) phone
17. Please indicate all Institution & city,		ions you have EVER attended Date(s) of	fattendance	Institu	tion & city, state		Date(s)	of attendance
18. Date of last enroll	lment a	t odu (MM-dd-yyyy)	19. Indicate yo	our previous pr	rogram of study:			
20. Desired term of ro Fall Spring Summer	eadmiss 20	sion	21. If you plan	on taking cou	rses at a site OTHI	ER THAN M	IAIN CAMPUS,	please indicate
22. Have you ever bee	en acad	emically or non-academically dismiss	ed from any ins	titution (incluc	ling ODU) for any r	eason?	Yes	No
23. [If applicable]Pleas	se provi	de name of institution and date of di	smissal					
24. Are you associate	d with	the military? If no, continue to questi	on 24. If yes, pl	ease indicate y	our affiliation (checl	k all that apply	y) :	
		Active Duty	Retire	ed	Spouse	I	Dependent	
		Reservist	Veter	an	Honorably disc	charged		
I understand that Yes N/A								
	25. lt	is my responsibility to notify my gra	duate program	of my intentio	ns.			
	26. I	must submit all official transcripts fro	om institutions	attended durin	g my separation to	the Office of	Graduate Admissi	ons.
		my separation has been more that ne Office of Graduate Admissions.	n five years, I	must reapply a	nd submit ALL tra	nscripts from	all institutions l've	e EVER attended to

28. Returning students who have been separated from Old Dominion University for one calendar year or more must complete a new Application for In-State Tuition (Domicile Form) and send it to the Office of the Registrar. Students in this category will be charged the out-of-state tuition rate when returning until the new domicile status is determined.

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 I :1

- This form must be completed if you are claiming entitlement to in-state tuition benefits pursuant to Section 23-7.4 of the Code of Virginia.
- Supporting documents and additional information may be requested.
- You MUST complete, sign, and 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.

Application Status:	First application for Virginia	Instate Tuition	Applying to be reclassified
Nama			
(Last Name	, First Name, Middle Name or Ir	iitial)	
Date of Birth:	University ID Number:		Social Security Number:
	-	(if known)	(optional – for Federal reporting purposes
Email Address:		Daytime Phone:	
CURRENT ADDRES	<u>S</u>		
From (mm/yy):	Street Address:		
To (mm/yy)	City, State, Zip		
	Country		
PREVIOUS ADDRES			
(Only necessary if you l	have lived at your current addres	s less than two years.)	
From (mm/yy):	Street Address:		
To (mm/yy)	City, State, Zip		
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Section B: STUDENT STATUS

1.	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 <u>any</u> 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)
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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 i	n Virginia? Greater than 365 days Less than 365 days	
4.	Where have you lived in th	e last two years?	
	CURRENT ADDRESS		
	From (mm/yy):	Street Address:	
	To (mm/yy)	City, State, Zip	
		Country	
	PREVIOUS ADDRESS		
	(Required if you have lived	d at your current address less than two years.)	
I	From (mm/yy):	Street Address:	
]	Го (тт/уу)	City, State, Zip	
		Country	
5.	. Do you have the present i	ntention to remain indefinitely in Virginia?	Yes No
6.	. Will you have filed a tax i	return and paid income taxes to Virginia during the last 12 months?	Yes No
7	. Do you have a valid Virg	inia driver's license?	Yes No
	If Yes, will you have held	I that license for the entire 12 months prior to the first day of applicant's classes?	Yes No
8.	Are you a registered Virg	inia voter?	Yes No
	If Yes, will you have been	n 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 vehi	cle that is registered in the state of Virginia?	Yes No
	If Yes, will you have own	ned this vehicle for the entire 12 months prior to the first day of applicant's classes?	Yes No
Qu	sestions 10 and 11 are for the	e Parent, Spouse or Legal Guardian	
10	. Will you have claimed the	e applicant as a dependent on your federal and Virginia income taxes during the last 12 months?	Yes No
11	. Will you have provided o	ver 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)
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Signature of Parent, Spouse, or Legal Guardian

(October 2009)

Date

Date