



WILLIAM & MARY

CHARTERED 1693

Application to Determine Physical Residency and In-State Tuition Eligibility

Purpose is to determine: (1) applicant's current physical residency and (2) eligibility for in-state tuition pursuant to Section 23-7.4 of the *Code of Virginia*. Please complete and submit this form by the admission application deadline or before the first day of classes for the term. Answer all questions. Incomplete applications may cause significant processing delays. Supporting documents and additional information may be requested. Please contact the University Registrar's Office if you have questions.

**Send this application, any supporting documents, and additional information to:
Office of the University Registrar, College of William & Mary,
P.O. Box 8795, Williamsburg, VA 23187-8795
Phone: (757) 221-2800 Fax: (757) 221-2151 Email: domicile@wm.edu**

Part One — Applicant

1. Name (Last, First, M.)			Term/Year:	
W&M ID # or SSN:		Birth date:		
Email Address:		Telephone:		
2. My citizenship status is: (please check one)	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Dual Citizen	<input type="checkbox"/> U.S. Permanent Resident	<input type="checkbox"/> Non-US Citizen
If Non-U.S. Citizen, please specify Visa Type:			Expiration Date:	

(Please provide all documentation that supports your visa status.)

Applicants who expect to hold an F-1 or J-1 visa are not eligible. Non-citizens without documentation of permanent resident status or visa are not eligible for Virginia in-state tuition privileges and should not complete or submit this form.

3. Please check ALL that apply:

<input type="checkbox"/> a. I am a veteran or active duty member of the U.S. Armed Forces.
<input type="checkbox"/> b. I am married.
<input type="checkbox"/> c. I am a ward of the court or was a ward of the court until age 18.
<input type="checkbox"/> d. Both of my parents are deceased and I have no legal guardian.
<input type="checkbox"/> e. I have legal dependents other than a spouse (e.g. my own child).
<input type="checkbox"/> f. I will be 24 years old, or older, on the first day of classes of the semester for which I am applying.
<input type="checkbox"/> g. I am a graduate or post-baccalaureate student.

If you selected ANY of the choices for question 3, complete Part Two yourself (or, if you are dependent on a parent/guardian or spouse, then that person may complete Part 2).

Otherwise, Part Two must be completed by your parent/ legal guardian.

Part Two — Independent Student, Parent, Legal Guardian, or Spouse

1. Please indicate one:	<input type="checkbox"/> Independent Student (skip to #7 below)	<input type="checkbox"/> Applicant's Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Applicant's Spouse
2. Name:				
3. Email Address:				
4. Phone Number:				
5. Parent/Guardian/Spouse:	Do you claim the applicant as a dependent on both federal and Virginia income tax returns?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:				
6. Parent/Guardian/Spouse:	Will you have provided more than half of the applicant's financial support for at least twelve months prior to the term in which the applicant will enroll?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:				
7. Your citizenship status	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Dual Citizen	<input type="checkbox"/> U.S. Permanent Resident	<input type="checkbox"/> Non-U.S. Citizen
If Non-U.S. Citizen, please specify Visa Type: (Please provide all documentation supporting your Visa status.)			Expiration Date:	



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Physical Residency/In-State Tuition Eligibility, continued

8. Have you lived in Virginia for at least the last two continuous years? Yes No

Duration: _____ Number of year(s): _____ Months: _____

Where have you lived for the past two years?

_____	to present	_____	_____	_____
mm/dd/yy		Street	City	State
_____	to	_____	_____	_____
mm/dd/yy		mm/dd/yy	Street	City
				State

9. Have you been employed in Virginia for the last two years? Yes No

Where have you been employed for the past two years?

_____	to present	_____	_____	_____
mm/dd/yy		Organization/Employer	City	State
_____	to	_____	_____	_____
mm/dd/yy		mm/dd/yy	Organization/Employer	City
				State

10. For the 12 months prior to the first term of enrollment:

a. Were you a registered voter in Virginia? Yes No

If yes, when did you register? _____ Original Re-Registered

mm/dd/yy

If no, where are you registered? _____ Not registered

b. Did you hold a valid driver's license in Virginia? Yes No

If yes, when was it issued? _____ Original Renewal

mm/dd/yy

If no, what state issued your license? _____ No license

c. Did you own/operate a motor vehicle registered in Virginia? Yes No

If no, where was it registered? _____ Did not own/operate a motor vehicle

d. Will you have filed a Virginia state resident income tax return in the last tax year? Yes No

If no, where did you file? _____ Did not file state income taxes last year

11. Are you an active duty member of the U.S Armed Forces or Virginia or US National Guard? Yes No

If yes, please submit a copy of the most recent:

- Military orders showing permanent duty station
- Proof that the applicant is your military dependent
- Document verifying residence in Virginia

12. Do you have the present intention to remain in Virginia? Yes No

I certify that the information I have provided is true.

 Signature of Independent Student, Parent, Legal Guardian, or Spouse (No font or electronic signature) _____ Date

Non-Resident Provision: For at least one year prior to the term in which the applicant is planning to enroll:

If you have lived outside Virginia, were employed full-time in Virginia AND paid Virginia income taxes, you may be eligible for the non-resident provision. Please submit a letter of explanation and copies of your Virginia state and federal income tax returns to:

Office of the University Registrar
 College of William & Mary
 P. O. Box 8795
 Williamsburg, VA 23187-8795

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