VirginiaTech
Graduate School

GRADUATE IN-STATE TUITION REQUEST

If you are being charged out-of-state tuition and believe you are eligible for in-state rates, please complete the following form. You must be a U. S. citizen; a U. S. permanent resident; or hold a valid visa that permits the establishment of domicile to be eligible to qualify for in-state tuition. Please attach a copy of your permanent resident alien card or I-94, visa stamp, and/or other USCIS approval notification. You must also demonstrate intent to establish domicile in Virginia. This form must be submitted by the first day of classes in order to be considered for in-state tuition rates that term.

The university requires additional supporting documentation demonstrating your residency qualification for the prior year. **Please include a copy of each of the following documents: the first page of your state income taxes, your driver's license, your vehicle registration, your voter registration, and your current lease or mortgage agreement. Failure to supply this information may result in the denial of your request.** Use the other side of this form to provide additional information to be considered on your application.

PERSONAL INFO

LAST/FAMILY NAME _____ FIRST/GIVEN _____ MIDDLE NAME _____ SUFFIX _____

Last 4 of VT ID Number: _____ (if known)

Date of Birth: _____ (month/day/year)

E-mail Address: _____ (@vt.edu account, preferred)

Daytime Phone: _____ □ Home □ Office □ Mobile

Local Address

_____

_____

_____

_____

city state zip country

Citizenship

□ U.S. CITIZEN □ PERMANENT RESIDENT □ NON-U.S. CITIZEN*

*If non-U.S. citizen, please list your visa status: _____

Current Program

_____

First Term of Enrollment

□ FALL □ SPRING □ SUMMER I □ SUMMER II _____ year

Anticipated Completion Term

□ FALL □ SPRING □ SUMMER I □ SUMMER II _____ year

Degree Level

□ DOCTORAL
□ EDUCATION SPECIALIST
□ MASTERS
□ GRADUATE CERTIFICATE
□ NON-DEGREE
□ COMMONWEALTH CAMPUS

Campus

□ BLACKSBURG □ HAMPTON ROADS □ NATIONAL CAPITAL REGION □ RICHMOND
□ ROANOKE □ SOUTHWEST VIRGINIA □ VIRTUAL

How long have you resided in Virginia? Years: _____ Months: _____

Beginning with the most recent, chronologically list the addresses at which you have resided for the past two years.

Prior Address 1: _____
street address city state zip country

Prior Address 2: _____
street address city state zip country

REQUIRED

Do your parents/legal guardian/spouse provide over half of your financial support OR claim you as a dependent on their taxes? □ YES □ NO

If yes, in which state do your parents reside? _____

(Attach a copy of the first page of their state income taxes and the page of the federal tax returns listing you as a dependent.)

For the twelve months prior to the term in which you are requesting in-state tuition rates, will you have:

1. Filed a tax return or paid income taxes to Virginia? □ YES □ NO
   Attach a copy of the first page of your state income taxes
2. Been a registered voter in Virginia? □ YES □ NO
   Date of issue on voter card: _____ State of issue: _____
3. Held a valid Virginia Driver's license? □ YES □ NO
   Date of issue on driver's license: _____ State of issue: _____
4. Owned or operated a registered vehicle? □ YES □ NO
   Date of issue on registration card: _____ State of issue: _____
5. Are you, the spouse of, or the dependent of active-duty military personnel? □ YES □ NO
   a. Are you/they permanently stationed in Virginia? (If yes, include a copy of your/their orders) □ YES □ NO
   b. Do you have a current lease/mortgage agreement in Virginia? (If yes, include a copy) □ YES □ NO

SIGNATURE

I hereby certify that all of the information provided on this form is true and accurate. I understand that my request for in-state tuition is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition and/or dismissal from the university. I agree to furnish the university with supporting documentation, if asked, related to my request in a timely manner. I realize that failure to supply additional information may result in a denial of my request.

APPLICANT SIGNATURE _____ date _____

Return your completed form to:
Graduate School
Graduate Life Center at Donaldson Brown
Virginia Tech (0325) • Blacksburg, VA 24061
Fax: 540/231-2039

Questions? Call 540/231-8636 or e-mail grads@vt.edu for assistance.