



APPLICATION FOR RE-CLASSIFICATION OF STUDENT'S DOMICILE STATUS

NAME OF APPLICANT: _____

EMPLID: _____ Date of Birth: _____

This application is to present your appeal for the eligibility of in-state tuition. You may not request Virginia domiciliary status retroactively or for previous terms. **The appeal should be submitted two weeks before the beginning of the semester to allow enough time for review.** **Incomplete Applications will not be considered.** All applications and supporting documents should be submitted to the Admissions Office in the Walker Building, room 240.

- ❖ If you are 24 years old and financially independent by the first day of the next semester, you must complete the **Student Appeal Form**.
- ❖ If you are under 24 years old or are financially dependent on your parents/legal guardian or spouse by the first day of the next semester, you must complete the **Student Appeal Form** and your parent, legal guardian or supporting spouse must complete the **Parent/Legal Guardian or Supporting Spouse Form**.
- ❖ In order to fully evaluate your application for in-state tuition rates, certain documentation is required as noted in the application below. **It is your responsibility to provide all documentation that supports your case.**

The completed form(s) and supporting documentation will be reviewed in compliance with the Section 23-7.4 of the Code of Virginia to determine your eligibility. A copy of the domicile guidelines can be viewed on the SCHEV (State Council of Higher Education for Virginia) website at <http://www.schev.edu/index/tuition-aid/in-state-residency>.

Section 2.12 of the SCHEV guidelines states that in cases where a student has knowingly provided erroneous information, the College may change the student's status retroactively to the term for which the fraudulent application was filed, bill for the tuition differential, and take action for dismissal.

Copies of the following documentation should be submitted along with your appeal application. The Admissions office and domicile review committee reserve the right to request additional documents should they be needed to confirm residency. If a student is considered "dependent," the parent, legal guardian, or supporting spouse will need to provide copies of the following documents as well.

- **Signed** copy of current state income tax return
- Copy of Virginia's Driver's license and/or state identification card
- Copy of voter's registration card
- Copy of motor vehicle registration
- Copy of document to verify date you first moved to Virginia (i.e. apartment lease/house closing statement, official employment verification, etc.)

Any questions regarding the domicile appeal process should be directed to Jessica Carter, Coordinator of Admissions and Records at jcarter@patrickhenry.edu or (276) 656-0312..

STUDENT APPEAL FORM

Date of Application: _____ Student EMPLID or SSN: _____

Full name: _____

Address of Permanent Fixed Home: _____

Street address _____ City & State _____

Email Address: _____

Telephone Number(s): Home _____ Cell/Work _____

Date of Birth: ____/____/____ Marital Status: _____

Citizenship: (a.) U.S. Citizen Permanent Resident Political Asylum/Refugee
 Temporary Visa Other

(b.) If you are not a U.S. citizen, please specify:

Country of Origin	Type of Via	Date of Issue	Expiration Date
_____	_____	_____	_____

1. Residency for the past FIVE years:

Residency in Virginia:

From (Month/Day/Year)	To (Month/Day/Year)	City and State

Residency outside Virginia:

From (Month/Day/Year)	To (Month/Day/Year)	City and State

2. If you have lived **outside of Virginia** during the past five years, please explain.

3. Education: List ALL high schools, colleges and universities attended and indicate classification (in-state or out-of-state tuition).

School	From Mo/Yr	To Mo/Yr	State	Degree Earned	Classification

4. Status during the past year: Student: full-time ____ part-time ____ none ____
 Employment: full-time ____ part-time ____ none ____

5. List all employment during the last three years:

Employer	Hrs/Week	City and State	From Mo/Yr	To Mo/Yr	Salary

6. Were state income taxes withheld from your income for the prior tax year?
 YES [] NO [] If YES: To what state? _____ Beginning on what date? _____

7. Did you file a Virginia state tax return for the most recent tax year? YES [] NO []
 If YES: Did you file as a:
 Resident [] Non-resident [] Part-year resident [] Year: _____

8. Are you a registered to vote?
 YES [] NO [] If YES, in which state? _____ Registration Date (Mo/Yr) _____

9. Did you own or operate a motor vehicle during the past year? YES [] NO []
 If YES: In which state was it registered during the past year? _____
 Date Registered: _____ In whose name was it registered? _____

10. Do you have a valid Virginia driver's license? YES [] NO []
 Date Issued: _____

I hereby certify that the information given is true and accurate. I also understand that if I provide erroneous information in an attempt to evade payment of out-of-state fees, I shall be charged out-of-state fees for each term attended and may be subject to dismissal from the institution.

Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN OR SUPPORTING SPOUSE FORM

If the applicant is or has been claimed as a tax dependent or has been substantially supported by his/her parent or legal guardian, or spouse, this form must be completed. This information is necessary to determine whether the applicant is eligible for in-state tuition rates as a dependent as set forth in Section 23-7.4 of the Code of Virginia.

Please submit supporting documentation with this form. The application must be submitted prior to the first day of classes for the semester or term. Requests for a change in Virginia domiciliary status will not be accepted for a previous term.

Name of Student: _____ EMPLID/SSN: _____

1. Name of Parent/Legal Guardian of Supporting Spouse: _____
 Relation to Application (circle one): parent guardian spouse

2. Current Physical Address: _____

3. Current Mailing Address: _____

4. Telephone Number(s): Home: _____ Cell/Work: _____

5. Are you a citizen of the United States? YES [] NO [] If you are not a U.S. citizen, list your immigration status: Type: _____ Expiration Date: _____

6. Was the applicant claimed as a dependent on your federal income tax return for the previous tax year? YES [] NO [] Income Tax Year: _____

7. Do you provide over half of the applicant's financial support? YES [] NO []
 (e.g. tuition, books, housing, clothing, transportation costs, medical/dental care, insurance, etc.)

8. List all employment during the last three years:

Employer	Hrs/Week	City and State	From Mo/Yr	To Mo/Yr	Salary

9. Were Virginia state income taxes withheld from your income during the past year?
 YES [] NO [] If YES: Beginning on what date? _____

10. Did you file a Virginia state tax return for the most recent tax year? YES [] NO []
 If YES: Did you file as a:
 Resident [] Non-resident [] Part-year resident [] Year: _____

11. Are you registered to vote? YES [] NO [] If YES:
 a.) Where are you registered to vote? City/County _____ State: _____

12. Do you have a valid Virginia driver's license? YES [] NO []

- a. If **YES**: What date was it issued: _____
- b. If **No**: Do you have a driver's license issued by another state? YES [] NO []
 - If YES: What state: _____

13. Do you operate a motor vehicle? YES [] NO [] If **YES**:

- a. In what state is it registered: _____
- b. Date of registration: _____

14. Do you own a home in Virginia? YES [] NO [] If **YES**:

- a. County/City: _____
- b. Purchase date: _____

15. If you have served in the military within the last five years, provide the following information:

- a. Date of entering service: _____
- b. Home of record: _____
- c. Current Duty Station: _____
- d. Date income tax withholding listed on LES: _____

16. Do you intend to remain in Virginia indefinitely? YES [] NO [] If YES, please list any additional factors including social or economic ties to Virginia which you believe should be considered.

I hereby certify that the information given is true and accurate. I also understand that if I provide erroneous information in an attempt to evade payment of out-of-state fees, out-of-state fees will be charged to the student for each semester/term attended.

Parent: _____ Date: _____

(or) Legal Guardian: _____ Date: _____

(or) Supporting Spouse: _____ Date: _____