

# George Mason University Application for Virginia In-State Tuition Rates

Graduate Admissions • Fairfax, Virginia 22030

This form must be completed if you are claiming entitlement to Virginia in-state tuition rates pursuant to Section 23. 7.4, *Code of Virginia*. **All questions must be answered.** Section A must be completed by the applicant. The parent or legal guardian must complete section B of this form if the applicant is under the age of 19 and unmarried or a dependent. **Supporting documents and additional information may be requested.**

## SECTION A—APPLICANT

1. Name of Applicant \_\_\_\_\_

2. Social Security No. \_\_\_\_\_

3. Date of Birth \_\_\_\_\_

4. Citizenship U.S. \_\_\_\_\_ U.S. Permanent Resident \_\_\_\_\_ Non-U.S \_\_\_\_\_  
Visa Holder Visa Type \_\_\_\_\_ Date Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_

5. How long have you lived in Virginia? \_\_\_\_\_

6. Do you maintain Virginia domicile though you currently reside outside of Virginia?  
Yes \_\_\_\_\_ No \_\_\_\_\_

7. Where have you lived for the past two years? List current address first.

	From (mo/yr)	To (mo/yr)
Address #1	_____	_____
	_____	_____
	_____	_____

Address #2	_____	_____
	_____	_____
	_____	_____

8. Do any of the following apply to you? Check yes or no.

a. Age 24 or older (as of the first day of the term in which you intend to enroll) Yes \_\_\_\_\_ No \_\_\_\_\_

- b. Veteran or active duty member of the U.S. Armed Forces Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Ward of the court or was a ward of the court until age 18 Yes \_\_\_\_\_ No \_\_\_\_\_
- d. If both parents are deceased, no adoptive or legal parents Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Graduate/professional student Yes \_\_\_\_\_ No \_\_\_\_\_
- f. Legal dependent other than a spouse Yes \_\_\_\_\_ No \_\_\_\_\_
- g. Married Yes \_\_\_\_\_ No \_\_\_\_\_

9. If you are currently enrolled in a public college or university, please list the school: \_\_\_\_\_

Are you paying in-state tuition rates?  
Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do your parents, spouse, or legal guardian(s) provide more than half of your financial support or claim you as a dependent? If Yes, Section B must also be completed by parent/spouse/legal guardian  
Yes \_\_\_\_\_ No \_\_\_\_\_

11. Have you filed a tax return or paid income taxes to any state **other than Virginia** during the past year?  
Yes \_\_\_\_\_ No \_\_\_\_\_

12. For at least one year prior to the term in which you will enroll, will you have
- a. filed a tax return or paid income taxes to Virginia on all earned income?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. been a registered voter in Virginia?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  - c. held a valid Virginia driver's license?  
Yes \_\_\_\_\_ No \_\_\_\_\_

13. Do you own or operate a motor vehicle?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has it been registered in any state **other than Virginia** during the past year?  
Yes \_\_\_\_\_ No \_\_\_\_\_

14. Are you or any member of your immediate family active duty members of the U.S. Armed Forces?

Yes \_\_\_\_\_ No \_\_\_\_\_

IF no, GO TO QUESTION 15.

IF yes, who is active duty? self \_\_\_\_\_ spouse \_\_\_\_\_ parent/legal guardian \_\_\_\_\_

a. Will Virginia income taxes have been paid on all military income for the year prior to the term in which you will enroll?

Yes \_\_\_\_\_ No \_\_\_\_\_

b. If your spouse is in the military, will you have resided in Virginia, been employed, earned at least \$10,300, and paid income taxes to Virginia for the year prior to the term in which you will enroll?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, provide the Appeals level with copies of the following**

**Documentation: state and federal income tax returns, current pay stub, lease/deed, spouse's military orders, and a copy of this form.**

15. For the year prior to the term in which you will enroll, will you have resided in a state other than MD, DC, PA, WV, KY, or VA; worked in Virginia; earned at least \$10,300; and paid Virginia income taxes on all taxable income earned in Virginia?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, provide the Appeals level with copies of the following**

**documentation: state and federal income taxes, current pay stub, and a copy of this form.**

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

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## SECTION B—PARENT, LEGAL GUARDIAN, OR SPOUSE

1. Name of \_\_\_ parent \_\_\_ legal guardian or \_\_\_ spouse.
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  
2. Citizenship U.S. - \_\_\_\_\_ U.S. Permanent Resident \_\_\_\_\_ Non-U.S \_\_\_\_\_  
Visa Holder Visa Type - \_\_\_\_\_ Date Issued \_\_\_\_\_ Exp. Date \_\_\_\_\_
  
3. How long have you lived in Virginia? \_\_\_\_\_
  
4. Do you maintain a Virginia domicile though you currently reside outside Virginia?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. Where have you lived for the past two years? List current address first.  
From (mo./yr.) To (mo./yr.)                      Street Address                      City                      State                      Zip  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Have you filed a tax return or paid income taxes to any state other than Virginia during the past year?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
7. Will you have claimed the applicant as a dependent on your federal and Virginia income tax returns for the tax year prior to the term in which the applicant will enroll?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
8. Will you have provided more than half of the applicant's financial support for the year prior to the term in which the applicant will enroll?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
9. For the year prior to the term in which the applicant will enroll, Will you have:
  - a. filed a tax return or paid income taxes to Virginia on all earned income?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
  - b. been a registered voter in Virginia?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
  - c. held a valid Virginia driver's license?  
Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do you own or operate a motor vehicle?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has it been registered in any state **other than Virginia** during the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Are you or your spouse active duty members of the U.S. Armed Forces?

Yes \_\_\_\_\_ No \_\_\_\_\_

IF no, GO TO QUESTION 12.

IF yes, who is active duty? self \_\_\_\_\_ spouse \_\_\_\_\_

a. Will Virginia income taxes have been paid on military income for the year prior to the term in which the applicant will enroll?

Yes \_\_\_\_\_ No \_\_\_\_\_

b. If the answer to (a) is No, will the applicant's nonmilitary parent have resided in Virginia, been employed and earned at least \$10,300, paid income taxes to Virginia, and claimed the applicant as a dependent for federal and Virginia income tax purposes for the year prior to the term in which the applicant will enroll?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, provide the Appeals level with copies of the following documentation: state and federal income tax returns, current pay stub, lease/deed, spouse's military orders, and a copy of this form.**

12. For the year prior to the term in which the applicant will enroll, will you or your spouse have resided in a state other than MD, DC, PA, WV, KY, or VA; been employed in Virginia; earned at least \$10,300; paid Virginia income taxes on all taxable income earned in Virginia; and claimed the applicant as a dependent on federal and state income taxes?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, provide the Appeals level with copies of the following documentation: state and federal income taxes, current pay stub, and a copy of this form.**

*I certify that the information I have provided is true.*

\*Signature \_\_\_\_\_

Date \_\_\_\_\_

---

\*Signature required only if faxing form. Not required for e-mail.

Please also complete the GMU Non-Degree Application

PLEASE E-MAIL OR FAX THE COMPLETED FORMS TO Jennifer Sherry at [Jennifer.Sherry@doe.virginia.gov](mailto:Jennifer.Sherry@doe.virginia.gov) or 804-371-7347 (fax). Thank you.