## **Application for In-State Tuition Rates**

George Mason University, College of Health and Human Services (CHHS), Office of Graduate Admissions, 4400 University Drive MSN 5A8, Fairfax, VA 22030 - Phone: 703-993-1736 - Fax: 703-993-3606

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. Section A must be completed by the applicant. Section B of this form must be completed by the parent, spouse, or legal guardian. Supporting documents and additional information may be requested. Admitted students who register for classes while in pending domicile status will be assessed out-of-state tuition rates.

|   |   |                  |          | Section A - Applicant           |              |               |            |        |  |  |
|---|---|------------------|----------|---------------------------------|--------------|---------------|------------|--------|--|--|
| )   | Will you apply for Virginia in-state tuition rates? If yes, VA In State Tuit completed.                 |                  |          |                                 |              | n must be     | Yes 🔾      | No 🔾   |  |  |
|   | NOTE: Answering "No" to this question will automatically result in out-of-state tuition classification. |                  |          |                                 |              |               |            |        |  |  |
| 2)  | Name of Applic  | ant              |          |                                 |              |               |            |        |  |  |
| 3)  | Social Security I   | No. (requested)  |          |                                 | 4) [         | Oate of Birth |            |        |  |  |
| 5)  | Citizenship Stat  | us US            | 5 (      | Permanent Resident 🔘            | Non-US C     | Citizen, Nonp | erm. Resid | lent 🔘 |  |  |
|   | Do you have a p   | pending Perma    | nent R   | esident Status? Yes 🔾 No        | $\bigcirc$   |               |            |        |  |  |
|   | If yes, please pr   | ovide the date   | of app   | lication for Permanent Reside   | nce:         |               |            |        |  |  |
| Indicate the type of visa you currently hold:   |   |                  |          |                                 |              |               |            |        |  |  |
|   | Visa Award Dat  | e:               | Visa     | Expiration Date:                |              |               |            |        |  |  |
| 5)  | How long have   | you lived in Vir | ginia?   | Years: Months:                  |              |               |            |        |  |  |
| 7)  | Do you currentl   | y live outside o | f Virgir | nia and still consider yourself | to be a Virg | inia resident | ? Yes 🔾    | No 🔾   |  |  |
| 3)  | Have you lived  | at your current  | addres   | ss for less than two years?     |              |               | Yes 🔾      | No 🔾   |  |  |
| If no, list your current address in the first box below. If yes, list your current address first and then list your previous addresses. |   |                  |          |                                 |              |               | your       |        |  |  |
|   | From (mo/yr)  | To (mo/yr)       |          | Street Address                  | City         | State         | Zi         | ip     |  |  |
|   |   |                  |          |                                 |              |               |            |        |  |  |
|   |   |                  |          |                                 |              |               |            |        |  |  |
|   |   |                  |          |                                 |              |               |            |        |  |  |
|   |   |                  |          |                                 |              |               |            |        |  |  |

| of tl | he following factors apply:   |                        |        |            |  |  |  |
|-------|---|------------------------|--------|------------|--|--|--|
| 9)    | a. Are you age 24 or older?   | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | b. Are you a ward of the court or were you a ward of the court until age 18?  | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | c. Are both of your parents deceased and you have no adoptive or legal parents?   | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | d. Are you a graduate/professional student?   | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | e. Do you have a legal dependent(s) other than your spouse (e.g., child)?   | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | f. Are you married?   | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | g. Are you a veteran of the U.S. armed forces and reside in Virginia?   | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | If you answered yes to 9g, provide the CHHS Office of Graduate Admissions a copy of your dagreement and one of the following documents: Commonwealth of Virginia U.S. Armed For Card or DD214 or WD AGO that displays your branch of service, discharge date and discharge Individuals with a dishonorable discharge status are not eligible for application of the veteral | ces Vete<br>ge status. | ran l[ | )          |  |  |  |
| 10)   | Are you currently enrolled at a Public College or University?   | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | a. If yes, please list the institution:   |                        |        |            |  |  |  |
|       | b. Are you paying Virginia in-state tuition rates?  | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
| 11)   | a. Do parents, spouse or legal guardian(s) provide more than half of your financial support?  | Yes ( )                | No     | $\bigcirc$ |  |  |  |
| ,     | b. Do parents, spouse or legal guardian(s) claim you as a dependant on their taxes?   | Yes 🔾                  | No     | _          |  |  |  |
|       | If yes to either, Section B must also be completed by parent, spouse, or legal guardian.  | •                      |        |            |  |  |  |
| 12)   | For the 12 months prior to the term in which you enroll:  |                        |        |            |  |  |  |
|       | a. Have you filed a Virginia income tax return (VA760) or paid income tax on all income earned?   | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | b. Are you exempt from filing an income tax return?   | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | c. If yes, please explain why you are exempt?   |                        |        |            |  |  |  |
|       | d. If no, in which state did you file a tax return or pay income taxes?   |                        |        |            |  |  |  |
| 13)   | For the 12 months prior to the term in which you will enroll:   |                        |        |            |  |  |  |
|       | a. Have you been a registered voter in Virginia?  | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | b. Have you held a valid Virginia driver's license or Virginia ID card?   | Yes 🔾                  | No     | 0          |  |  |  |
|       | c. Do you own a motor vehicle?  | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | d. If yes, is your motor vehicle registered in Virginia?  | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
| 14)   | Are you an active duty member of the U.S. armed forces?   | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | If no, skip to Question 15.   |                        |        |            |  |  |  |
|       | If yes, are Virginia income taxes currently paid on all military income?  | Yes 🔾                  | No     | $\bigcirc$ |  |  |  |
|       | If yes, provide the CHHS Office of Graduate Admissions with copies of your military orders and an LES   |                        |        |            |  |  |  |

showing Virginia as your state of legal residence for income tax purposes.

Students under the age 24 are presumed to be dependent on a parent, spouse, or legal guardian unless one

| 15)  | Are you a retired time of your reti   | •               | nber, who cu  | ırrently resid | es in VA and r | esided in VA | A at the   | Yes 🔾     | No     | $\bigcirc$ |
|--|---|-----------------|---------------|----------------|----------------|--------------|------------|-----------|--------|------------|
|  | If yes, provide th<br>orders, an LES sh<br>and a lease/deed   | nowing Virgin   |               |                |                | •            | •          | •         |        | •          |
| 16)  | Within the last ye equivalent of a for the last 12 mont   | ull-time minir  |               |                |                |              |            | Yes 🔾     | No     | $\bigcirc$ |
| l ce   | rtify under penal   | ty of disciplin | nary action   | that the info  | ormation I ha  | ve provide   | d is true. |           |        |            |
| Sigr   | nature of Applican  | ıt              |               |                |                |              | Date       |           |        |            |
|  |   | Sect            | ion B - Par   | ent, Spous     | se, or Legal   | l Guardian   | 1          |           |        |            |
| Sec  | tion B of this forn   | n must be co    | mpleted by    | the parent,    | spouse, or le  | egal guardia | an.        |           |        |            |
| 1)   | I am the applicar   | nt's: P         | arent 🔘       | Legal Guar     | dian 🔘 🤉       | Spouse 🔘     | )          |           |        |            |
|  | Name  | _               |               |                |                |              |            |           |        |            |
| 2)   | Citizenship Statu   | ıs U            | JS O Pe       | rmanent Res    | ident (        | Non-US Citi  | zen, Nonpe | rm. Resic | lent ( | $\supset$  |
|  | Do you have a pending Permanent Resident Status? Yes No   |                 |               |                |                |              |            |           |        |            |
|  | If yes, please provide the date of application for Permanent Residence:   |                 |               |                |                |              |            |           |        |            |
|  | Indicate the type   | e of visa you o | currently hol | d:             |                |              |            |           |        |            |
|  | Visa Award Date   | ::<br>          | Visa Expi     | ration Date:   |                |              |            |           |        |            |
| 3)   | How long have y   | ou lived in Vi  | rginia? Ye    | ears:          | Months:        |              |            |           |        |            |
| 4)   | Do you currently live outside of Virginia and still consider yourself to be a Virginia resident? Yes $\bigcirc$ No $\bigcirc$ |                 |               |                |                |              |            |           |        |            |
| 5)   | Have you lived a  | t your curren   | t address for | less than tw   | o years?       |              |            | Yes 🔾     | No (   | $\bigcirc$ |
| If no, list your current address in the first box below. If yes, list your current address first and then list you previous addresses. |   |                 |               |                |                | : your       |            |           |        |            |
|  | From (mo/yr)  | To (mo/yr)      | 9             | Street Addre   | SS             | City         | State      | Zip       |        |            |
|  |   |                 |               |                |                |              |            |           |        |            |
|  |   |                 |               |                |                |              |            |           |        |            |
|  |   |                 |               |                |                |              |            |           |        |            |
|  |   |                 |               |                |                |              |            |           |        |            |

| 5)  | <ul><li>a. Do you provide more than half of the financial support for the applicant?</li><li>b. Do you claim the applicant as a dependent on your Virginia income tax returns?</li></ul>   | Yes $\bigcirc$                                     | No $\bigcirc$           |  |  |  |  |  |  |  |
|-----|--|--|-------------------------|--|--|--|--|--|--|--|
| 7)  | For the 12 months prior to the term in which your dependent will enroll:   |  |                         |  |  |  |  |  |  |  |
|     | <ul><li>a. Have you filed a Virginia income tax return (VA760) or paid income tax on all income earned?</li><li>b. Are you exempt from filing an income tax return?</li><li>c. If yes, please explain why you are exempt?</li></ul>                        | Yes $\bigcirc$<br>Yes $\bigcirc$                   | No O                    |  |  |  |  |  |  |  |
|     | d. If no, in which state did you file a tax return or pay income taxes?  |  |                         |  |  |  |  |  |  |  |
| 3)  | For the 12 months prior to the term in which your dependent will enroll:   |  |                         |  |  |  |  |  |  |  |
|     | <ul><li>a. Have you been a registered voter in Virginia?</li><li>b. Have you held a valid Virginia driver's license or Virginia ID card?</li><li>c. Do you own a motor vehicle?</li><li>d. If yes, is your motor vehicle registered in Virginia?</li></ul> | Yes $\bigcirc$<br>Yes $\bigcirc$<br>Yes $\bigcirc$ | No () No () No () No () |  |  |  |  |  |  |  |
| 9)  | Are you an active duty member of the U.S. armed forces?  | Yes 🔾  | No 🔾                    |  |  |  |  |  |  |  |
|     | If no, skip to Question 10.  |  |                         |  |  |  |  |  |  |  |
|     | a. Are Virginia income taxes currently paid on all military income?  | Yes 🔾  | No 🔾                    |  |  |  |  |  |  |  |
|     | If yes, provide the CHHS Office of Graduate Admissions with copies of the following documentation: state and federal income taxes and current pay stub.  |  |                         |  |  |  |  |  |  |  |
|     | b. Is the person who completed Part A of this form your dependent?   | Yes ()   | No 🔿                    |  |  |  |  |  |  |  |
|     | c. Are you residing in Virginia with orders to a military base/installation/post in Virginia or a contiguous state?  | Yes 🔾  | No 🔾                    |  |  |  |  |  |  |  |
|     | If yes to question 9b and 9c, provide the CHHS Office of Graduate Admissions with copies of the dependent ID card, and lease/deed. Deadline is the end of the Add Period.  | military   | orders,                 |  |  |  |  |  |  |  |
| 10) | Are you a retired military member, who currently resides in VA and resided in VA at the time of your retirement?   | Yes 🔾  | No 🔾                    |  |  |  |  |  |  |  |
|     | If yes, do you claim the applicant as a dependent for federal and Virginia income tax purposes?  | Yes 🔾  | No 🔾                    |  |  |  |  |  |  |  |
|     | If yes, provide the CHHS Office of Graduate Admissions with copies of your military orders, L Virginia as your state of legal residence for income tax purposes, and current Virginia driver's vehicle registration.                                       |  | -                       |  |  |  |  |  |  |  |
| 11) | Within the last year have you lived outside of VA but worked in VA and earned at least the equivalent of a full-time minimum wages salary, and paid income taxes to Virginia during the last 12 months?  | Yes 🔾  | No 🔾                    |  |  |  |  |  |  |  |
|     | Will you have claimed the applicant as a dependent on your Virginia income tax returns during the last 12 months?  | Yes 🔾  | No 🔾                    |  |  |  |  |  |  |  |
|     | If yes, provide the CHHS Office of Graduate Admissions with your state and federal income to current pay stub  | ax returr  | ns and a                |  |  |  |  |  |  |  |

| Signature of Parent, Spouse, or Legal Guardian   | Date                                      |
|--|---|
| Please Note: All students classified by the CHHS Office of Grad purposes have the right to appeal. Review the following guidely http://registar.gmu.edu/domicile/appeal.html |   |
| Please print this form and provide it to the CHHS Office of Graded, or fax: 703-993-3606.  | luate Admissions via email: chhsgrad@gmu. |

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

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