

Application for In-State Tuition Rates

Office of Admissions, 4400 University Drive, MS 3A4, Fairfax, Virginia 22030 • Fax: 703-993-4622

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. 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

1. Name of Applicant _____
2. Social Security No. _____ (Optional) 3. Date of Birth _____
4. Citizenship Status U.S. Permanent Resident Non-U.S. Citizen, Nonpermanent Resident
 Do you have a pending Permanent Resident status? Yes No If yes, please indicate your previous visa status _____
 Indicate the type of visa you currently hold: _____ Award Date: _____ Expiration Date: _____
5. How long have you lived in Virginia? _____
6. Do you currently live outside of Virginia but consider yourself to be a Virginia resident? Yes No
7. Where have you lived for the past two years? List current address first:

From (mo./yr.)	To (mo./yr.)	Street Address	City	State	Zip Code

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

8.
 - a. Are you age 24 or older (as of the first day of the term in which you intend to enroll)? Yes No
 - b. Are you a veteran or active duty member of the U.S. armed forces? Yes No
 - c. Are you a ward of the court or were you a ward of the court until age 18? Yes No
 - d. Are both of your parents deceased and you have no adoptive or legal parents? Yes No
 - e. Are you a graduate/professional student? Yes No
 - f. Do you have a legal dependent(s) other than your spouse (e.g., child)? Yes No
 - g. Are you 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, or legal guardian. Yes No
11.
 - a. For the 12 months prior to the term in which you will enroll, will you have you filed a Virginia income tax return or paid income tax on all earned income? Yes No
 - b. Are you exempt from filing an income tax return? Yes No
 If no, where did you file a tax return or pay income taxes? _____
12. For the 12 months prior to the term in which you will enroll, have you
 - a. been a registered voter in Virginia? Yes No
 - b. held a valid Virginia driver's license? Yes No
 - c. had your motor vehicle registered in Virginia? Yes No
13. Are you an active duty member of the U.S. armed forces? Yes No
 If no, skip to Question 14.
 Are Virginia income taxes currently paid on all military income? Yes No
If yes, provide the Office of Admissions with copies of your military orders and an LES or State of Legal Residence Certificate showing Virginia as your state of legal residence for income tax purposes. If no, provide a copy of your military orders, ID card, and lease/deed.
14. Are you the dependent of a military parent, spouse, or legal guardian with military orders to VA who also resides in VA? Yes No
If yes, have the military member complete Part B (questions 1, 5, 9, and signature) and provide the Office of Admissions with copies of the following documentation: military member's ID card, military dependent ID card, lease/deed, and military orders. Deadline for submissions: Last day of Add Period.

Please note: Form continues on next page

Name: _____ SSN (optional) _____

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15. Are you currently not living in Virginia or any of the states that have reciprocal tax provisions with Virginia: MD, DC, PA, WV, or KY? Yes No
- If yes, will you have worked in Virginia and earned at least \$11,200 and paid Virginia income taxes for the past 12 months?..... Yes No

If yes, provide the Office of Admissions with copies of the following documentation: state and federal income taxes and current pay stub.

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 _____
2. Citizenship Status U.S. Permanent Resident Non-U.S. Citizen, Nonpermanent Resident
Do you have a pending Permanent Resident status? Yes No If yes, please indicate your previous visa status _____
Indicate the type of visa you currently hold: _____ Award Date: _____ Expiration Date: _____

3. How long have you lived in Virginia? _____

4. Do you currently live outside of Virginia but consider yourself to be a Virginia resident? 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 Code

6. Do you provide more than half of the financial support for the applicant or claim the applicant as a dependent on your federal and Virginia income tax returns? Yes No

7. a. For the 12 months prior to the term in which your dependent will enroll, will you have you filed a Virginia income tax return or paid income tax on all earned income? Yes No
- b. Are you exempt from filing an income tax return?..... Yes No
- If no, where did you file a tax return or pay income taxes? _____

8. For the 12 months prior to the term in which your dependent will enroll, will you have
- a. been a registered voter in Virginia? Yes No
- b. held a valid Virginia driver's license? Yes n..... Yes No
- c. had your motor vehicle registered in Virginia?..... Yes 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 Office of Admissions with copies of your military orders and LES or State of Legal Residence Certificate showing Virginia as your state of legal residence for income tax purposes, current Virginia driver's license, and vehicle registration.

- 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 questions 9b and 9c, provide the Office of Admissions with copies of military orders, the dependent ID card, and lease/deed.

Deadline: End of Add Period.

10. Are you currently not living in Virginia or any of the states that have reciprocal tax provisions with Virginia: MD, DC, PA, WV, or KY? Yes No

- If yes, will you have worked in Virginia and earned at least \$11,200 and paid Virginia income taxes for the past 12 months?..... Yes No

If yes, provide the Office of Admissions 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 of Parent, Spouse, or Legal Guardian _____ Date _____

Additional Comments:

Note: The Office of Admissions makes an initial domicile decision based on the information provided on this form. All students classified by the Office of Admissions as out of state for tuition purposes have the right to appeal. Review the following guidelines before beginning your appeal: registrar.gmu.edu/students/domicile/appeal.html.

Academic Background

Last or Family Name

First

MI

Other

Social Security Number (optional)

Program

Degree/Certificate

Concentration or Track

With the most recent first, list all colleges, universities, and professional and graduate schools attended, and any school in which you are currently enrolled, including George Mason University nondegree study programs (also list any proprietary schools).

Institution Code*	Name and Location of Institution (undergraduate and graduate)	Dates Attended		Major/Degree	Credits/Quality Points	Overall GPA
		From	To			

*Insert Institution Code from GMAT or GRE bulletin, if known; otherwise, leave blank.

Calculate your GPA below. Compute your undergraduate GPA on a 4.00 system, using A=4, B=3, C=2, D=1, and F=0. Refer to the application instructions on page 3 for further information on calculating GPAs.

Undergraduate GPA				Last 60 hours of bachelor's degree				GPA for all postbaccalaureate work			
Grade	Total # of Credits	Multiply by	Grade Points	Grade	Total # of Credits	Multiply by	Grade Points	Grade	Total # of Credits	Multiply by	Grade Points
A		x 4 =		A		x 4 =		A		x 4 =	
B		x 3 =		B		x 3 =		B		x 3 =	
C		x 2 =		C		x 2 =		C		x 2 =	
D		x 1 =		D		x 1 =		D		x 1 =	
F		x 0 =	0	F		x 0 =	0	F		x 0 =	0
Totals: _____		Totals: _____		Totals: _____		Totals: _____		Totals: _____		Totals: _____	
GPA = $\frac{\text{Total Grade Points}}{\text{Total \# of Credits}}$ = _____				GPA = $\frac{\text{Total Grade Points}}{\text{Total \# of Credits}}$ = _____				GPA = $\frac{\text{Total Grade Points}}{\text{Total \# of Credits}}$ = _____			

Test Data

Please complete the information requested below. Include the month and year of the test you have taken or plan to take.

GRE Aptitude _____ / _____ / _____ / _____
Date V Q A/W

GRE Subject _____ / _____ / _____ / _____
Date Score

LSAT _____ / _____ / _____ / _____
Date Score Percentile Rank

GMAT _____ / _____ / _____ / _____
Date V Q A

MAT _____ / _____ / _____ / _____
Date Score

IELTS Academic _____ / _____ / _____ / _____
Date Score

TOEFL _____ / _____ / _____ / _____
Date Score Essay Score

Praxis _____ / _____ / _____ / _____
Date R W M

Certification or License

Please list current certification(s) or license(s) held.

Teaching _____ Endorsement _____ State _____

License _____ State _____

Other _____

Financial Aid, Assistantships, and Military/Student Benefits

Check the appropriate boxes. Are you applying for

- [Y] Financial Aid—Please complete the Free Application for Federal Student Aid (FAFSA) as soon as possible after January 1 for the upcoming academic year. (You must submit financial aid transcripts for all previous schools attended to the Office of Student Financial Aid.)
- [T] Teaching Assistantship (6 credits per term)
- [R] Research Assistantship (6 credits per term)

Military/Student Benefits

- Veteran with benefits [1]
- Veteran with no benefits [2]
- Not applicable [3]
- Veteran dependent with benefits [4]
- Active duty with benefits [5]
- Active duty with no benefits [6]
- Selective reserve with benefits [7]
- Eligible for Virginia War Orphans benefits [8]
- Veteran's Education Assistance Program [9]

**Honors,
Awards, and
Publications**

Please list scholarships, fellowships, academic awards, honors, special recognitions, or publications.

**Employment
Background**

Please refer to the Graduate Program Requirements Chart to find the programs requiring résumés. If one is required of your program, please submit a résumé indicating company or organization, location and type of business, title of position, dates of employment, and your responsibilities.

If your program does not require a résumé, please list below your last two professional experiences if they are relevant to your application.

Name and Location of Employer	Position	Nature of Work	Dates

Will your employer sponsor your attendance? Yes No

**Goals
Statement**

Statements should be 750 to 1,000 words. Please print or type your name and G number on all additional sheets of your application. Return the goals statement to the appropriate graduate admissions office with the application.

Master's and Doctoral Applicants

On a separate sheet, state your professional plans and career objectives. Please include your personal qualities and development and how they have influenced your career choice; your reasons for this particular degree in relation to your academic background, professional work experience, and career goals; and your reason for selecting your program at George Mason University.

Doctoral Applicants Only

In addition to the goals statement above, the Admissions Committee is interested in which fields you expect to do doctoral study and research; how these interests have been influenced by your prior education, research, or work experience; why you are considering a career in an academic, research, or clinical setting; and any information relevant for evaluating your motivation to study and conduct research at the doctoral level.

**Letters of
Recommendation**

Confidential letters of recommendation have been submitted by the following people:

Name	Position/Organization	Telephone	E-mail Address
Address	City	State (or Country)	Zip Code
Name	Position/Organization	Telephone	E-mail Address
Address	City	State (or Country)	Zip Code
Name	Position/Organization	Telephone	E-mail Address
Address	City	State (or Country)	Zip Code

Please note: Information contained in this application will be provided to Virginia state agencies as required by law.

I certify all information given on the application is complete, true, and correct.

Signature _____ Date _____