LONGWOOD U N I V E R S I T Y



APPLICATION FOR IN-STATE TUITION RATES

	pursuant to section 23.1-5, Code of Virginia. Answers must reflect information that is
true for at least 1 year prior to term of enrollment. If you are a currently attending Longwood student and are requesting a reclassification of	Student ID #
your domicile status, please check here. SECTION I - To be completed by the STUDENT.	
1 Lancer's Name (Last, First Middle)	
2 L Number Date of Birth	
	, VISA type or Resident Alien #:
4 How long have you resided in VA? Years Months	
⁵ Where have you lived for the past two years? List current address first. Include dates. From (mm/yyyy) To (mm/yyyy) Full Address including city, state, and zip	
From (mm/yyyy) To (mm/yyyy) Full Address including city, state, and zip	
6 Are you an active duty member or veteran of the U.S. Armed Forces?	he student prior to the start of first semester. If you (student) selected any of these, you may be considered
7 Are you married?	an Independent student and will complete Section II with your information
8 Are you a ward of the court, or were you a ward of the court until age 18?	If your parents/legal guardian/spouse provides 51% or more of your
9 Are both of your parents deceased and you have no legal guardian?	financial support, or if you wish to be considered a dependent student, Section II will be completed by your parents/legal guardian/spouse only.
10 Are you 24 years old or older?	
11 Are you a graduate or post-baccalaureate student?	
SECTION II - Independent Student, Parent, Legal Guardian, or Spouse	
1 Parent/Guardian/Spouse Name (Last, First, Middle)	
If Independent student skip to #6	
2 Relationship to the Student? Father Mother	Legal guardian
3 Citizenship U.S. Non-U.S. If not U	J.S., VISA type or Resident Alien #:
4 How long have you resided in Virginia? Years Months	
⁵ Where have you lived for the past two years? List current address first. Include dates.	
From (mm/yyyy)To (mm/yyyy) Full Address including city, state, and zip	
	t's first semester at Longwood, will you have:
⁶ Filed a tax return or paid Virginia income taxes on all earned income?	Yes No
7 Filed a tax return or paid taxes in ANOTHER state?	
8 Are you registered to vote in Virginia?	Yes No, registered in another state. I am not registered to vote.
Do you hold a valid Virginia driver's license, learner's permit or DMV-	No, but I do for
9 issued ID? Date issued	Yes another state. I do not have either.
	No, but I do for
10 Owned or operated a motor vehicle with Virginia license plates?	Yes another state. I do not own or operate.
11 Do you live outside the state and commute to a work site in Virginia?	Yes No
A. Earned at least \$15,080 in the past year?	Yes No
SECTION III - Military Students or Families	
¹² Are you or spouse an active duty member or veteran of the U.S. Armed Forces?	Me My Spouse
U.S. Armed Forces? A. If you are a Veteran, what is your date of retirement or discharge?	
B. Do you have military orders to a duty station in Virginia?	
(If yes, please provide copy.)	Yes No
C. Is Virginia is your Home of Record, do you have temporary orders outside of Virginia? (If Yes, please provide copy.)	Yes No
D. Will the student use any military education benefits?	Yes No
E. Have you paid income taxes to Virginia on all military income for the last year?	Yes No
F. Is Virginia the military person's State of Legal Residence? (If yes, please	Yes No
provide copy of the Leave/Earnings statement) SECTION IV: Certification and Signature(s)	
I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I	
provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the University with supporting documentation related to	
my application if I am requested to do so.	
Student Signature: By checking this box and typing my full name below, I electronically sign this form.	
by checking this box and typing my run name below, relectionically sign this form.	
Parent/Guardian Signature:	Date
By checking this box and typing my full name below, I electronically sign this form.	
ען איז	
	Date