

## Domicile: Appeal for Reclassification (Level II)

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Name of Applicant: \_\_\_\_\_ NOVA Student ID: \_\_\_\_\_

This application is to present your appeal for eligibility for in-state tuition.

- Level II appeals will only be considered if the campus or Extended Learning Institute (ELI) registrar (or designee) has denied you in-state status at Level I. If you submit this form without having received a Level I decision you will be referred back to the campus or ELI registrar or designee.
- You may not request Virginia domiciliary status retroactively or for previous terms.
- This appeal must be submitted within 10 business days after rejection at Level I.
- Continuing students should submit appeals by:

**August 1 for fall semester**  
**December 1 for spring semester**  
**April 1 for summer term**

### Select the appropriate status:

- If you are 24 years old and financially independent by the first day of the semester, you must complete the Student Appeal Form, page 2 of this document.
- Check here if you would like to base domicile on your spouse. Your spouse must complete the Supporting Spouse section, pages 5-6 of this document, before the application can be processed.
- If you are under 24 years old and are financially dependent on your parents/legal guardians or spouse by the first day of the 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.

### Appeal Guidelines:

The completed form(s) and supporting documentation will be reviewed in compliance with Section 23-7.4 of the Code of Virginia to determine your eligibility. A copy of the Domicile Guidelines can be viewed at the SCHEV website at: <http://www.schev.edu/students/VAdomicileguidelines.asp>. Incomplete information and/or inadequate documentation will cause delays in processing and may negatively affect the College's decision.

Under SCHEV Guidelines, Section 2.12 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.

If you need assistance completing this form, contact Student Services. Return the completed form and supporting documents to the Campus Registrar.

**If you wish to submit additional supporting documents, they must be returned with this form.**

# Student Appeal Form

## Student Information:

Today's Date: \_\_\_\_\_ NOVA Student ID: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First MI Maiden, Family, or Other*

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Student VCCS Email Address: \_\_\_\_\_@email.vccs.edu

Telephone Number(s): Home: (\_\_\_\_) \_\_\_\_\_; Work: (\_\_\_\_) \_\_\_\_\_; Cell: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_ Sex: \_\_\_\_\_

Has your campus/ELI registrar determined that you are not eligible for in-state tuition?

- Yes - If yes, please complete the rest of this form.
- No - If no, you must first speak to your campus or ELI registrar or designee.

## Citizenship 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 Visa: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Residency:

List residency for the past five years:

a. Residency in Virginia:

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

b. Residency outside Virginia:

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

c. If you have lived outside Virginia during the past five years, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## Education Information:

1. **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

2. **Attendance at Northern Virginia Community College:**

(a) Date you applied to NOVA: \_\_\_\_\_

(b) Enrollment status during the past year (check all that apply):  full-time  part-time  none

## Employment Information:

1. **Status during the past year** (check all that apply):  full-time  part-time  none

2. **Employment:** List all employment during the last three years:

Employer	Hrs/Wk	City and State	From (M/D/Y)	To (M/D/Y)	Salary

## Other Information:

1. **Were state income taxes withheld from your income for the prior tax year?** Yes  No

If YES: To what state? \_\_\_\_\_ Beginning on what date: \_\_\_\_\_

2. **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: \_\_\_\_\_

If NO: Please explain \_\_\_\_\_

3. **Are you a registered voter?** Yes  No  If YES, which state? \_\_\_\_\_ Date registered: \_\_\_\_\_

4. **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? \_\_\_\_\_

**Other Information (continued):**

5. Do you have a valid Virginia driver's license? Yes [ ] No [ ]

If YES: Date issued: \_\_\_\_\_

6. Are you requesting a special tuition rate as the employee of an agency or institution that has a special tuition-rate contract with Northern Virginia Community College?

Yes [ ] No [ ] Name of Employer: \_\_\_\_\_

7. Why did you move to Virginia?

\_\_\_\_\_

8. Do you intend to remain in Virginia indefinitely? Yes [ ] No [ ]

If YES, please list any additional factors including social or economic ties to Virginia that you believe should be considered:

\_\_\_\_\_

\_\_\_\_\_

9. Have you accepted an offer of full-time employment with a Virginia employer? Yes [ ] No [ ]

If YES: Provide name and address of employer: \_\_\_\_\_

\_\_\_\_\_

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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.

Student 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.

### Background Information:

Name of Student Applicant: \_\_\_\_\_ Student's Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

1. Name of Parent/Legal Guardian or Supporting Spouse: \_\_\_\_\_  
 You are the applicant's (circle one):    Parent                      Guardian                      Spouse

If you are or were the applicant's legal guardian, attach a copy of the court decree.

2. Current Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP

3. Permanent Address (if different): \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP

4. Telephone number(s): Home: (\_\_\_\_) \_\_\_\_\_; Work: (\_\_\_\_) \_\_\_\_\_; Cell: (\_\_\_\_) \_\_\_\_\_

### The following information pertains solely to the Parent/Legal Guardian or Supporting Spouse:

#### Citizenship 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 Visa: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Employment Information:

List all employment during the last three years:

Employer	Hrs/Wk	City and State	From (M/D/Y)	To (M/D/Y)	Salary

### Other Information:

1. Was the applicant claimed as a dependent on your federal income tax return for the previous tax year?

Yes     No     Tax Year: \_\_\_\_\_

Please attach a copy of your tax return if not already submitted at Level I.

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

Please attach and list below any supporting documentation not included at Level I.

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3. **Were Virginia state income taxes withheld from your income during the past year?**      Yes [ ]      No [ ]

If YES, Tax Beginning: \_\_\_\_\_  
Month/Day/Year

4. **Did you file a state income tax return to Virginia for the past two years?**      Yes [ ]      No [ ]

If YES, list tax years: \_\_\_\_\_

If NO, to which state: \_\_\_\_\_

5. **If you filed a Virginia state tax return for the most recent tax year, did you file as a:**

Resident [ ]      Non-resident [ ]      Part-year resident [ ]      Did not file [ ]

6. **Are you a registered voter?**      Yes [ ]      No [ ]

If YES, where are you registered to vote?      County/City: \_\_\_\_\_      State: \_\_\_\_\_

7. **Do you have a valid Virginia driver's license?**      Yes [ ]      No [ ]

If YES, when was it first issued?      Month: \_\_\_\_\_      Year: \_\_\_\_\_

8. **Do you operate a motor vehicle?**      Yes [ ]      No [ ]

If YES, in which state is it registered? \_\_\_\_\_      Date of registration: \_\_\_\_\_

9. **Do you own real property (home) in Virginia?**      Yes [ ]      No [ ]

If YES, County/City: \_\_\_\_\_      Purchase date: \_\_\_\_\_

10. **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. State income tax withholding listed on LES: \_\_\_\_\_

11. **Do you intend to remain in Virginia indefinitely?**      Yes [ ]      No [ ]

If YES, please list any additional factors including social or economic ties to Virginia that you believe should be considered:

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**I hereby certify that the information given is true and accurate. I also understand that if I provide erroneous information as 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) Spouse: \_\_\_\_\_

Date: \_\_\_\_\_