



**UNDERGRADUATE Application for Re-enrollment**  
*Note: To be considered for in-state tuition, you must complete the Application for Virginia In-State Tuition Rates (second page)*

**To be completed by Undergraduate students who have missed two or more consecutive semesters at Mason.**

G# or SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Last First M.I. Previous Name

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

Street Apt #

City State Zip Code Home Phone Number

Term of Re-enrollment: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Year Year Year

**Would you like to have your Patriot Web PIN reset to your month and date of birth? (MMDDYY) Yes or No**

**Please circle the appropriate answers to the following questions:**

1. Were you on academic suspension when you left George Mason University? **Yes No**
2. Is your cumulative GPA less than 2.0? **Yes No**
3. Have more than 5 years passed since your last graded (including Withdrawals) semester? **Yes No**
4. Have you earned credit or a degree elsewhere during your absence from George Mason University without receiving permission from the Dean/Director of your school/college? **Yes No**
5. Have you ever been academically dismissed from George Mason University? **Yes No**
6. Have you ever been convicted of a felony? **Yes No**  
If yes, provide the date(s) of any conviction(s) and an explanation for each occurrence on a separate sheet of paper.
7. Have you ever been suspended or dismissed from another college/university for non-academic reasons? **Yes No**  
If yes, provide an explanation for each occurrence on a separate sheet of paper.
8. When last enrolled at George Mason University, were you an international student in F-1 or J-1 status? **Yes No**
9. Has your immigration status changed since your last enrollment? **Yes No**
10. Do you need an I-20 or DS-2019 form for F-1 or J-1 status? **Yes No**

- If you answered no to all of the questions above, your re-enrollment will be processed by the Registrar's Office.
- If you answered yes to questions 1 or 2, take this form to your Dean for approval, then submit it to the Registrar's Office for processing.
- If you answered yes to question 3, 4 or 5, you MUST REAPPLY to Mason. (admissions.gmu.edu)
- If you answered yes to questions 6 or 7 or this application will be reviewed by the Admissions Office.
- If you answered yes to question 9 or question 10, please contact the Office of International Programs and Services for assistance. Students who require immigration documents from the University will be required to provide documentation of financial support as required by law.
- BIS and NURS majors, your Department Chair must approve this form before it is processed.

*Failure to provide complete, accurate, and true information may result in dis-enrollment from the University and a referral to the Dean of Students.*

Dean's/Admissions Approval: \_\_\_\_\_ Date: \_\_\_\_\_

BIS/NURS Approval: \_\_\_\_\_ Date: \_\_\_\_\_

- ✓ **Academic Clemency:** Undergraduate students returning to Mason after a separation of a minimum of three calendar years may petition their academic dean to have up to 16 previous credits earned at Mason removed from the calculation of their cumulative GPA. You must contact your Academic Dean and submit your petition for Academic Clemency within the first semester of returning to Mason.

I certify that all information given on this application is complete, correct, and true. I will read and accept responsibility for the George Mason University Honor Code if I am approved for re-enrollment or re-admission.

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



# Application for In-State Tuition Rates

Admissions • Fairfax, Virginia 22030-4444

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. If you are dependent upon a parent, spouse or legal guardian Section B, of this form must also be completed by that person. **Supporting documents and additional information may be requested.**

## SECTION A - APPLICANT

1. Name of Applicant:		2. Student #:		
3. Date of Birth:				
4. Citizenship: <input type="checkbox"/> U.S.	<input type="checkbox"/> Permanent Resident Issued:      Expires:	<input type="checkbox"/> Non-U.S. Visa: Issued:      Expires:	Have you applied for a status that is pending? YES <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Other Status: _____ Date Awarded:

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

6. Do you consider yourself to be a Virginia resident, though you currently live 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.)	Street Address	City	State	Zip

**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 (ex: 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.....? YES  NO   
If yes, Section B must also be completed by parent/spouse/ legal guardian
11. a. For the twelve 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 twelve 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  N/A
13. Are you an active duty member of the U.S. armed forces.....? YES  NO   
If No, Skip to Question 14.  
a. Are Virginia income taxes currently paid on all military income.....? YES  NO   
\*\*If yes, provide 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.
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 and provide Admissions with copies of the following documentation: military dependent ID card, lease/deed, and military orders.
15. Are you currently living in a state other than MD, DC, PA, WV, KY or VA.....? YES  NO   
If yes, will you have worked in Virginia and earned at least \$10,300 and paid Virginia income taxes for the past twelve months.....? YES  NO   
\*If yes, provide Domicile Administration (Registrar's Office) 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, SPOUSE OR LEGAL GUARDIAN**

1. Name of Parent, Spouse or Legal Guardian: _____				
2. Citizenship: <input type="checkbox"/> U.S.	<input type="checkbox"/> Permanent Resident Issued: _____ Expires: _____	<input type="checkbox"/> Non-U.S Visa: Issued: _____ Expires: _____	Have you applied for a status that is pending? YES <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Other Status: _____ Date Awarded: _____

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

4. Do you consider yourself to be a Virginia resident, though you currently live outside of 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. 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 return.....? YES  NO

If yes, Section B must also be completed by parent/spouse/ legal guardian

7. a. For the twelve 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 twelve 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  NO

c. had your motor vehicle registered in Virginia.....? YES  NO  N/A

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

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 Virginia military base/installation/post .....? YES  NO

10. Are you currently living in a state other than MD, DC, PA, WV, KY or VA.....? YES  NO

If yes, will you have worked in Virginia and earned at least \$10,300 and paid Virginia income taxes for the past twelve months.....? YES  NO

\*If yes, provide Domicile Administration (Registrar’s Office)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:

**Additional Information**

\*Domicile Administration is part of the Office of the Registrar.

\*\*If you have a status change pending, please provide Domicile Administration with a copy of your current & pending status documentation. Please also provide a copy of this form.