



Domicile Appeals Administration  
 Office of the University Registrar  
 4400 University Drive, MS 3D1  
 Fairfax, Virginia 22030-4444  
 Telephone: 703-993-2464 Facsimile: 703-993-2467  
 website: [registrar.gmu.edu/students/domicile/](http://registrar.gmu.edu/students/domicile/)

# Request for Final University Review

## INSTRUCTIONS

THIS FORM MUST BE TYPED. Hand written forms will not be processed. A fillable version of this form is accessible using Adobe Reader (<http://get.adobe.com/reader>).

<b>For office use only</b>	
<input type="checkbox"/>	New Student
<input type="checkbox"/>	Continuing Student

A student may appeal to the Domicile Appeals Committee provided he/she has first obtained a Reconsideration decision at the Intermediate Level.

<b>Semester of Appeal:</b> Spring 2014	
<b>Student Information</b>	
Student ID _____	GMU Email Address: _____@gmu.edu
Last Name _____	Home Phone _____
First Name _____	Work Phone _____
MI _____ Suffix (Jr., II) _____	Cell Phone _____
<b>Request for IN-STATE tuition rates beginning with this semester (check one):</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer   Year: _____	<b>Factual Basis for Appeal</b> Please attach an explanation detailing the basis of your disagreement with the previous decision.
<b>Basis of Request (check as appropriate):</b> <input type="checkbox"/> Disagreement with intermediate level interpretation of facts. <input type="checkbox"/> Disagreement with the intermediate level interpretation of law (Domicile Guidelines & Code of Virginia, 23-7.4). <input type="checkbox"/> Other (please specify) _____	

*Students with a pending appeal are responsible for payment of the out-of-state tuition rate and any other associated fees. Students must also meet any payment deadlines established with the University.*

I hereby certify that the information given is true, accurate, and complete. I also understand that if I fail to respond to all questions or I knowingly provide erroneous information in an attempt to evade payment of out-of state tuition and fees, I will be charged out-of-state tuition and fees for each term attended and be subject to dismissal from the University per the [Code of Virginia section 23-7.4](#).

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date