



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/
 email: domicile@gmu.edu

Request for Tuition Reclassification

INSTRUCTIONS

- Submit completed applications by email, hand-delivery, regular mail or fax using above information
- THIS FORM MUST BE TYPED. A fillable version of this form is accessible using Adobe Reader (<http://get.adobe.com/reader>).
- **INCOMPLETE OR LATE APPLICATIONS WILL NOT BE REVIEWED.**
- Apply ONLY if you believe you are eligible for in-state tuition pursuant to the Code of Virginia, Section 23.1-500 through 510.
- ONLY currently enrolled students may request a change in their tuition classification
- Contact the Office of Military Services at 703-993-1316 for military service related questions.
- For an explanation of the appeal process, see registrar.gmu.edu/students/domicile/.

Semester of Appeal Fall 2017	Final Submission Deadline August 18, 2017 (Law Only) August 28, 2017 (Non-Law)
Student Information Student ID _____ Last Name _____ First Name _____ MI _____ Suffix (Jr., II) _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Current Mailing Address: Street _____ City _____ State _____ Zip _____	GMU Email Address: _____@gmu.edu Primary Phone _____ Alternate Phone _____ Date of Birth _____ Permanent Mailing Address (if different): Street _____ City _____ State _____ Zip _____
Semester/Year first enrolled at GMU: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____ Are you currently enrolled at GMU? <input type="checkbox"/> YES <input type="checkbox"/> NO GMU current enrollment level: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Law If your attendance has not been continuous, provide explanation: _____ _____ _____	Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are not a U.S. citizen, please specify status: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Political Asylum/Refugee <input type="checkbox"/> D.A.C.A <input type="checkbox"/> Other, please specify _____ Country of Origin _____ Date of Issue _____ Expiration Date _____ <i>Please provide copies of the following documentation, as appropriate:</i> <ul style="list-style-type: none"> • Green Card (Form I-551 front and back) • I-797 Receipt Notice for Application for Adjustment of Status • Documentation of lawful status covering the past 12 months • I-94 Arrival/Departure Record for the past 12 months

1. General:

- a. **Explain** why you initially moved to Virginia? _____
- b. Do you presently have the intention of remaining indefinitely in Virginia following graduation? YES NO
 What are your post-George Mason University plans? _____
- c. Specify any permanent post-graduation employment already accepted by you, and its location:
 Employer name: _____ Location: _____
Please provide documentation of employment (e.g., offer letter)
- d. Have you solicited permanent employment with employers located outside Virginia?..... YES NO
 i. Specify: _____
- e. If you intend to enroll in school for further study after graduation, list schools to which you have applied or intend to apply:

2. Physical Presence:

Please provide documentation of your physical presence (e.g., lease, deed/settlement statement, etc.)

- a. When did you initially move to Virginia? _____
- b. List all previous Virginia residences at which you have resided, beginning with your current address:

STREET (list most recent first)	CITY, STATE ZIP	FROM DATE (mm/dd/yyyy)	TO DATE (mm/dd/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- c. Specify periods during which you have resided outside of Virginia since you initially moved to Virginia:

STREET (list most recent first)	CITY, STATE ZIP	FROM DATE (mm/dd/yyyy)	TO DATE (mm/dd/yyyy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- d. If residence in Virginia has not been continuous, give reason(s) for absence(s):

3. Employment: List all employment (beginning with your current employment) for the past three years:

From mm/yyyy	To mm/yyyy	Employer	Address	Hrs/Wk
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Education: List all high schools, colleges & universities attended; indicate tuition classification, as applicable:

From mm/yyyy	To mm/yyyy	School	State	Degree	In-state/Out-of-state
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Taxes:

- a. Do you currently claim Virginia for income tax purposes YES NO
If yes, provide a copy of your signed state and federal income tax returns for the previous two tax years.
 - i. If yes, when did you first claim Virginia for income tax purposes? _____
 - ii. If no, what state do you claim for income tax purposes? _____
- b. If you filed a Virginia income tax return last year, indicate type of return filed..... Resident Non-Resident
- c. Have you been, or will you be, claimed as a tax dependent on your parent's or legal guardian's income tax return for the tax year prior to the first day of class for the current semester? YES NO

6. Driver's License:

- a. Do you currently have a driver's license or state identification (ID) card? YES NO
If yes, provide a copy of license or ID card. If renewal, provide transcript (available at DMV website in Virginia).
 - i. Do you hold a valid Virginia's driver's license or ID card? YES NO
 - ii. When did you first obtain a license or ID card in Virginia? _____
 - iii. Date of last renewal? _____
- b. If you do not have a Virginia license or ID card, from which state do you hold a license or ID card? _____
 - i. Date acquired: _____ Date of last renewal: _____

7. Motor Vehicle Registration:

- a. Do you own or operate a motor vehicle? YES NO
If yes, provide a copy of vehicle registration. If renewed, provide transcript (available at DMV website in Virginia).
 - i. If yes, in whose name is it registered? _____ Relationship: _____
 - ii. In what state is the vehicle registered? _____
 - iii. If registered in Virginia, when was it first registered here? _____
 - iv. If registered in another state: Registration Date: _____ Last Renewal Date: _____
 - v. Who pays insurance on the vehicle you drive? _____

8. Voting: Are you registered to vote in any state? YES NO
If yes, provide proof of voter registration.

State of Voter Registration	Date Registered (mm/dd/yyyy)
_____	_____
_____	_____

9. Property Ownership:

- a. Do you own real property in any state? YES NO
If yes, provide Deed/Settlement Statement.
 i. If yes, are there any co-owner(s): _____ Relationship: _____
 ii. If yes, where is the property located (City, State): _____ Date of Purchase: _____

10. Sources of Financial Support:

- a. Do you receive any type of financial aid from a source outside of Virginia? YES NO
 i. If yes, specify the source(s) of the aid:
 Name: _____
 Name: _____
 b. Do you have a checking or savings account? YES NO
 i. If yes, Bank name: _____
 Location (City, State): _____ Date opened: _____

11. Military Service:

- a. Are you a veteran or currently an active duty member of the U.S. Armed Forces? YES NO
If yes, please complete the Military Supplemental Form.
 b. Are you a dependent of an active duty military member of the U.S. Armed Forces? YES NO
If yes, please complete the Spouse, Parent or Legal Guardian Supplemental Form.
 c. Are you a dependent of a veteran of the U.S. Armed Forces who is domiciled in Virginia? YES NO
If yes, please complete the Spouse, Parent or Legal Guardian Supplemental Form.
 d. Are you the surviving spouse of a military member who was killed in action, is missing in action, or is a prisoner of war? YES NO
 e. Are you using Post 9/11 or Fry Scholarship military benefits? YES NO

12. Dependency Status:

- a. Are you a dependent of a parent, spouse, or legal guardian who is domiciled in Virginia? YES NO
If yes, complete the Spouse, Parent or Legal Guardian Supplemental Form.
 b. Please answer the following questions:
 i. Are you over the age of 24? YES NO
 ii. Are you a graduate student or law student? YES NO
 iii. Are you married? YES NO
 iv. Do you have legal dependents other than a spouse? YES NO
 v. Are you now a ward of the court or were you a ward of the court until age 18? YES NO
 vi. (If both of your parents are deceased) do you have an adoptive or legal guardian? YES NO

If you answered NO to ALL of these questions, complete the Spouse, Parent or Legal Guardian Supplemental Form

13. Provide additional information or clarification to questions here or on additional sheet(s) if necessary.

FINANCIAL STATEMENT

Did your parent(s), spouse or legal guardians provide you with over half your financial support for the tax year prior to the first day of class for the current semester? YES NO

*If YES, complete the Spouse, Parent or Legal Guardian Supplemental Form
If NO, complete tables below, and sign and date form.*

Ensure to include documentation for all sources of monthly income listed below. Any undocumented sources of funds may not be considered. Acceptable forms of employment documentation include W-2 forms, paycheck stubs showing year-to-date income, financial aid award letters, employer confirmation of employment dates and income on employer letterhead, and employment contracts.

MONTHLY INCOME		
	Amount	Sources: Name, relationship (e.g., mother, father, spouse, etc.,) & address
Employment:	\$ _____	_____
Bank Account:	\$ _____	_____
Investment Funds:	\$ _____	_____
Loans:	\$ _____	_____
Gifts:	\$ _____	_____
Other (specify):	\$ _____	_____
Total Income:	\$ _____	_____

MONTHLY EXPENSES			
	Amount	Average Monthly Expenses	Amount
Tuition:	\$ _____	Food:	\$ _____
Fixed Monthly Expenses		Clothing:	\$ _____
Rent/Mortgage:	\$ _____	Health Insurance:	\$ _____
Utilities:	\$ _____	Household Supplies:	\$ _____
Telephone:	\$ _____	Gas/Auto Maintenance:	\$ _____
Vehicle Payments:	\$ _____	Transportation:	\$ _____
Vehicle Insurance:	\$ _____	Medical/Dental/Prescriptions:	\$ _____
Educational Loans Payment:	\$ _____	Entertainment:	\$ _____
Personal Loans Payment:	\$ _____	Club Membership/Dues:	\$ _____
Credit Card Payment:	\$ _____	Travel:	\$ _____
Other (specify):	\$ _____	Other	
		(specify): _____	\$ _____
Total Fixed Monthly Expenses:	\$ _____	Total Average Monthly Expenses:	\$ _____

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 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.

You agree that by typing your name, you are electronically signing this document.

Date

REQUEST FOR TUITION RECLASSIFICATION SUBMISSION CHECKLIST

Check (v) or list N/A (Not applicable)	<p>You must provide <u>copies</u> of <u>all</u> applicable documents listed below.</p> <p>Requests without all applicable documentation are considered incomplete and may not be processed.</p> <p>Upon review of your request, office staff may request additional information.</p>
	<p><u>Housing Documentation for the past 12 months</u></p> <ul style="list-style-type: none"> • Lease/Rental Agreement (If you rent your home) and/or • Deed/Settlement Statement (if you own your home) and/or • Not listed on a lease/rental agreement or deed/settlement statement? Provide a <u>signed</u> letter from your landlord(s) for the 12 month period. Letters must include the dates of your residence, amount of rent paid, address of property and a phone number of the landlord.
	<p><u>Earnings & Financial Support for the past 12 months</u></p> <ul style="list-style-type: none"> • Recent pay stub from each employer you had for the past 12 months <u>or</u> a letter from each employer listing your year to date earnings, and the amount of state taxes withheld <u>And</u> • Most recent W-2 or 1099 statements (if applicable). <p>If you are not currently employed, you must submit documentation of all of your sources of support (earnings, student loans, savings, scholarships, inheritances, monetary gifts, spousal support, etc.)</p>
	Two previous years Federal income tax return. If exempt, provide proof of exemption.
	Two previous years State income tax return. If exempt, provide proof of exemption.
	Motor vehicle registration (not Ownership Title) - Covering 12 months prior to the start of the semester. Vehicle Registration transcripts are available at the DMV website.
	Driver's License or State Identification Card - Covering 12 months prior to the start of the semester.
	<u>Legal Guardians Only:</u> Copy of existing court order establishing legal guardianship
	Additional information or clarification (if applicable)
In addition to the items listed above, Non-U.S. Citizens must provide copies of the appropriate items below.	
	<p><u>Please provide copies of the following documentation, as appropriate:</u></p> <ul style="list-style-type: none"> • Green Card (Form I-551 front and back) • I-797 Receipt Notice for Application for Adjustment of Status • Documentation of lawful status covering the past 12 months • I-94 Arrival/Departure Record for the past 12 months