This form is for active duty military members, their spouse/dependents, and veterans and spouse/dependents who are using veteran’s education benefits (Chapter 30, 31 or 33) and reside in Virginia, but may not qualify as being domiciled in Virginia for the purposes of in-state tuition. While this exception may result in a student being eligible for educational benefits reserved for those domiciled in Virginia, it is not a determination of domicile status.

### STUDENT INFORMATION

| Name: | ___________________________ |
| SIS ID: | ___________________________ |
| Address: | ___________________________ | City: | ___________________________ | State: | ___________________________ | Zip: | ________ |
| Phone: | ___________________________ | VCCS Email: | ___________________________ |

Semester for which you are seeking in-state tuition rate:  
- [ ] Fall  
- [ ] Spring  
- [x] Summer  
Year: ________

The Code of Virginia provides the following exceptions for active duty military personnel, their dependents, and veterans of U.S. military service.

### DEPENDENTS (Code of Virginia §23.1-504; §23.1-505):

Spouse/Dependents of active duty military personnel (or activated/mobilized reservists or guard members) shall be considered domiciled in Virginia and afforded in-state tuition privileges if the military sponsor is:

1. Assigned to a permanent duty station or workplace in Virginia, or a contiguous state or the District of Columbia, and resides in Virginia;
2. Assigned unaccompanied orders and immediately prior to receiving such orders was assigned to a permanent duty station or workplace in Virginia, or a contiguous state or the District of Columbia, and resided in Virginia; or
3. Assigned unaccompanied orders with Virginia listed as the designated place to which to move.

The one-year residency condition normally required to establish Virginia domicile is not required for military dependents. The qualifying conditions must be in place at the time of acceptance to the college for dependents currently residing in Virginia or by the final add/drop date for dependents of service members newly transferred to Virginia.

Sponsor / Active Duty Member Name: ___________________________

Relationship to student:  
- [ ] Parent  
- [ ] Spouse  
- [ ] Legal Guardian

Address of Residence (if same as student, indicate “same”):

| Address: | ___________________________ | City: | ___________________________ | State: | ___________________________ | Zip: | ________ |

Permanent Duty Station (or location of immediately previous PDS): ___________________________

Unaccompanied orders:  
- [ ] No  
- [x] Yes – Designated place to move: ___________________________

Provide the following documents:

- [ ] Current Military Orders (or previous military orders if currently unaccompanied)
- [ ] Evidence of Virginia Residence (examples: utility bill, lease, deed, settlement statement, letter from landlord showing current Virginia Address, housing agreement from military housing office).
- [ ] Student’s DOD ID  Expire Date: ___________________________  Verified by: ___________________________
DOMICILE EXCEPTION APPLICATION
ACTIVE DUTY - DEPENDENTS - VETERANS

ACTIVE DUTY MILITARY (Code of Virginia § 23.1-500-510):
Active duty military personnel (or activated/mobilized reservists or guard members) who reside in Virginia shall pay no more than the in-state tuition rate. **Active duty member must provide the following documents:**

- [ ] Military ID Card Expire Date: ___________________________ Verified by: ___________________________

- [ ] Evidence of Virginia Residence (examples: utility bill, lease, deed, settlement statement, letter from landlord showing current Virginia Address, housing agreement from military housing office).

- [ ] Current Military Orders or Activation/mobilization Orders

VETERANS OF U.S. MILITARY SERVICE (Code of Virginia § 23.1-500-510):
Veterans discharged or released from military service under conditions other than dishonorable who reside in Virginia shall pay no more than the in-state tuition rate. **Veteran must provide the following documents:**

- [ ] DD Form 214 (discharge within 3 years; or proof of prior continuous enrollment)

- [ ] Proof of Chapter 30, 31 or 33

- [ ] Evidence of Virginia Residence (student) (examples: utility bill, lease, deed, settlement statement, letter from landlord showing current Virginia Address, housing agreement from military housing office).

DEPENDENTS / SPOUSES USING GI BILL®, CHAPTER 30, OR CHAPTER 33 (Choice Act; Public Law 113-146, Section 702, Public Law 115-251 Section 301)
Anyone using transferred Post 9/11 G.I. Bill benefits (38 U.S.C.) who lives in the state in which the institution is located (regardless of his/her formal state of residence) and the transferor is a member of the uniform service who is serving on active duty, or a veteran. Also covered is anyone using benefits under the Marine Gunnery Sergeant John David Fry Scholarship. **Student must provide the following documents:**

- [ ] DD Form 214 (discharge within 3 years; or proof of prior continuous enrollment)

- [ ] Proof of Chapter 30, 31 or 33

- [ ] Evidence of Virginia Residence (student) (examples: utility bill, lease, deed, settlement statement, letter from landlord showing current Virginia Address, housing agreement from military housing office).

STUDENT CERTIFICATION:
I hereby certify that the information given is true, complete, and accurate. I understand that if I knowingly provide erroneous information in an attempt to evade payment of out-of-state tuition and fees, I may be charged out-of-state tuition for each term attended and I may be subject to dismissal from the College.

Student Signature: ___________________________ Date: ___________________________

Submit completed form and supporting documents to the Admissions & Advising Center or the Veterans Services Office.

FOR OFFICE USE ONLY
Date Documents Received: ___________________________ Received by (Domicile Officer/ Staff):

- [ ] In-State Exception Granted
- [ ] Out-of-State
- [ ] Remains Pending

Reason:

Date Student Notified: ______ Notification Method: [ ] Email (VCCS address) [ ] Phone [ ] In-Person

Date entered SIS: ________________ Domicile Officer Initials: ________________