

**Request for In-State Tuition/Fee Rates 2017-18  
(Summer 2017, Fall 2017, Spring 2018)**

Residents of the City of Kingsport, Hancock, Hawkins, and Sullivan County Tennessee; Harlan, Letcher, and Pike County Kentucky; and Non-Virginia Residents that work in Virginia and file Virginia State Income Taxes, submit this form to request current out-of-state tuition/fee rates per credit hour be reduced to the current in-state tuition/fee rates per credit hour.

**Name (Last, First, Middle):** \_\_\_\_\_

**Student ID# (or Social Security Number):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Check all that apply to you:**

- Age 24 or older
- Veteran or active duty member of the U.S. Armed Forces
- Have legal dependents other than spouse
- Ward of the court or were a ward of the court until age 18
- Working on master's or doctorate
- Married
- Both parents deceased, no adoptive or legal guardian

For the last twelve months I did not live in a home owned by a parent; and was not claimed as a dependent on parent's federal or state tax return (if filed); and did not receive more than 50% of my total support from parents; and earned at least the equivalent of a full-time wage salary. **(If you are completing this form based on your own information and you were unable to check any of the other boxes, you MUST attach a copy of your 2016 tax return or W2 indicating an annual income of at least \$14,500.)**

**If you did not check at least one item above, the following questions must be answered by your parent/legal guardian. If you did check at least one item above, you must answer the following questions.**

**Your relationship to student:** Self    Parent    Legal Guardian

**Name of Person completing this section:** \_\_\_\_\_

**County of Residence of person completing this section:** \_\_\_\_\_

**Where has the person completing this section lived for the twelve consecutive months prior to the first day of the Term for which the student is requesting In-State Tuition/Fee Rates?** (List the most current address first. Include the dates of residence):

From (mo/yr)	To (mo/yr)	Street Address	City	State	County

**Does the person completing this form hold a valid driver's license?**    Yes    No

If yes, please indicate the state from which the valid driver's license was issued: \_\_\_\_\_

**Is the person completing this section eligible to pay in-state tuition rates at state supported colleges in the current state of residence?**    Yes    No

**Answer this question only if you live outside Virginia, but work in Virginia:**

Will you have lived outside Virginia, worked in Virginia, earned at least **the equivalent of a full-time wage salary**, AND paid Virginia income taxes on all taxable income earned in this Commonwealth for at least twelve months prior to the term in which you will enroll?    Yes    No

If yes, and YOU DO NOT qualify for in-state tuition/fee rates based on your residency in Tennessee or Kentucky, please attach a copy of your 2016 Virginia Income Tax Return.

*I certify that all of the information is complete and accurate. If requested to do so, I agree to supply the College with supporting documentation related to this request for Contract Tuition/Fee Rates.*

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Student

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent or Legal Guardian (if completed by Parent or Legal Guardian)

Office Use Only
ES _____
Date _____
Term _____
Approved    Disapproved