



APPLICATION FOR GRADUATE READMISSION

Personal Information

Legal Name _____
Last First Middle /Maiden

Social Security Number _____ - _____ - _____

Permanent Address _____ Present Address _____
City State Zip (if different) City State Zip

Home Telephone: _____ Cell Telephone: _____

Business Telephone: _____ Business E-mail Address: _____

County/City of Permanent Address: _____ Personal E-mail Address: _____

Date of Birth: Month _____ Day _____ Year _____ Marital Status: S M D O

Former Names used on past transcript(s): _____

Gender: Female Male

Ethnic Heritage: *(For reporting purposes only)*

(a) Are you of Hispanic, Latino or Spanish origin? Yes No

(b) Select your race - check as many options that apply:

- American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

Citizenship Information:

U.S. Citizen Permanent Resident Political Asylum/Refugee Temporary VISA; type _____
 Other, please specify _____

Date of Last Attendance _____
semester/term

Do you plan to attend: full-time part-time

Are you applying for a program on-campus or off-campus (location: _____)

What was your previous program? _____

Do you wish to be readmitted to the same program? yes no

If no, to what program do you wish to be admitted? _____

(If this program has admission criteriaa different from your original admission, all additional required items must be submitted with this application for readmission.)

Have you attended any other college/university since leaving Longwood? If yes, please list below and have each college forward an official transcript to Longwood University, College of Graduate & Professional Studies, 201 High Street, Farmville, VA 23909.

Name of School (full name)	City	State	Degree Earned	Dates Attended (mo/yr)

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List your current position:

Institution/Agency	City/State	Position	Dates
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Please explain the reason(s) for your absence from your graduate program and your plans for completion of the degree or licensure. (*Attach a separate sheet.*)

Certification:

Have you ever been convicted of a criminal offense or is a final action pending on any criminal charges other than a minor traffic violation?

___ Yes ___ No If yes, or if you have any question about whether a matter in your background (including offenses committed as a juvenile and charges taken under advisement) constitutes a criminal offense, describe the nature of that matter as accurately as you can: (*attach a separate sheet, if needed*)

Information provided on this application may be sent to the Virginia State Police and other state or federal agencies.

___ Acknowledge

I certify that the information submitted in support of my application is complete and accurate. I understand that inaccurate information may affect my admission and may be grounds for dismissal.

Signature of applicant	Date
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Once you have all the required items, please return this application to: College of Graduate and Professional Studies, Longwood University, 201 High Street, Farmville, VA 23909 using the enclosed large, white return envelope. Please return the Graduate Student Application Fee Receipt with the \$40.00 fee (payable to Longwood University) in the enclosed postage paid envelope to: Office of Cashiering, Longwood University, 201 High Street, Farmville, VA 23901.

Application to any Graduate Studies program is considered on the basis of each applicant without regard to race, color, creed, age, sex, disability, or national origin. The College of Graduate & Professional Studies is located in Ruffner Hall, Rooms 130-138; 1.434.395.2707 or 1.877.267.7883.

Observing the appropriate DEADLINE, please indicate the term to which you are applying for readmission:

___ **Spring 20** ___
Application deadline is **October 1**

___ **Summer 20** ___
Application deadline is **February 1**

___ **Fall 20** ___
Application deadline is **May 1**

APPLICATION FOR IN-STATE TUITION RATES

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. Supporting documents and additional information may be requested. NOTE: Answers to the questions must reflect information that is true for at least ONE YEAR PRIOR to the term in which you will enroll. This form must also be completed if it has been 12 months or more since your last enrollment at Longwood or your address has changed. Please print.

Section A: Student Information

Name: _____
Last First VISA Type Parent VISA Type

1. Where have you lived for the last two years? List current address first. Include dates.

From (mo./yr.)	To (mo./yr.)	Street Address	City	State	Zip

2. Do your parents/legal guardian provide 50% or more of your financial support or claim you as a dependent? Yes No
3. A. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile? Yes No
- B. If "Yes," does your spouse provide over 50% of your financial support?
 Yes No
4. Do any of the following characteristics apply to you? Place a check mark beside all that apply.
- Age 24 or older as of the first day of the term in which you intend to enroll
- Veteran or active duty member of the U.S. Armed Forces
- Graduate or first-professional student
- Ward of the court or was a ward of the court until age 18
- If both parents are deceased, no adoptive or legal guardian
- Legal dependents other than a spouse
- Married

DIRECTIONS FOR COMPLETING THE REMAINDER OF THIS FORM:

If your response to question #2 or #3B is "Yes," complete both the shaded and unshaded areas of this form.

If your response to question #2 or #3B is "No," complete the unshaded areas of this form.

If you did not check any of the items in question #4, complete both the shaded and unshaded areas of this form.

Section B: Domicile Information

5. Are you completing the shaded areas for your (check only one):
 Father Mother Legal guardian Spouse

Note: For questions 6-10, you must answer the "B" question if your response to the "A" question is "No."

- | | | Student
Yes No | | Parent;
Spouse or
Guardian
Yes No |
|--|--------------------------|--------------------------|--------------------------|--|
| 6. A. Have you been employed in Virginia for the past year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "No," were you employed in: | | | | |
| Student: Another state: ___ Not employed: ___ | | | | |
| Parent: Another state: ___ Not employed: ___ | | | | |
| 7. A. Was a tax return filed or income taxes paid to Virginia as a full- or part-year resident on all earned income last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "No," were taxes paid to: | | | | |
| Student: Another state: ___ Didn't file: ___ | | | | |
| Parent: Another state: ___ Didn't file: ___ | | | | |
| 8. A. Are you a registered voter in Virginia? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "No," are you registered in: | | | | |
| Student: Another state: ___ Not registered: ___ | | | | |
| Parent: Another state: ___ Not registered: ___ | | | | |
| 9. A. Do you hold a valid Virginia driver's license? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "No," do you hold a license in: | | | | |
| Student: Another state: ___ Not licensed: ___ | | | | |
| Parent: Another state: ___ Not licensed: ___ | | | | |
| 10. A. Did you operate a motor vehicle registered in Virginia during the last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "No," is it registered in: | | | | |
| Student: Another state: ___ Not registered: ___ | | | | |
| Parent: Another state: ___ Not registered: ___ | | | | |

- | | | Yes | No |
|--|--------------------------|--------------------------|--------------------------|
| 11. A. Are you a member of the U.S. Armed Forces?
If "No," go to #12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have income taxes been paid to Virginia on all military income for the last year?
If "No," have income taxes been paid to another state? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does the current Leave/Earnings Statement reflect Virginia withholding?
If "Yes," please provide copy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. A. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces?
If "No," go to #15. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have income taxes been paid to Virginia on all military income for the last year?
If "No," have income taxes been paid to another state? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does the current Leave/Earnings Statement reflect Virginia withholding?
If "Yes," please provide copy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section C: Additional Information

13. If your spouse is in the military, will you have:
- A. Resided in Virginia for the past year?
- B. Been employed and earned at least \$10,300 during the past year?
- C. Paid income taxes to Virginia on all earned income?
14. If your parent/legal guardian is in the military, will the nonmilitary parent/legal guardian have:
- A. Resided in Virginia for the past year?
- B. Been employed and earned at least \$10,300 during the past year?
- C. Paid income taxes on all earned income?
- D. Claimed you as a dependent for federal and Virginia income tax purposes?
15. If you have lived outside Virginia for the past year, will you have:
- A. Been employed in Virginia and earned at least \$10,300 during the past year?
- B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?
16. If your parent/legal guardian has lived outside Virginia for the past year, will the parent/guardian have:
- A. Been employed in Virginia and earned at least \$10,300 during the past year?
- B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?
- C. Claimed you as a dependent for federal and Virginia income tax purposes?

Section D: Parent/Legal Guardian or Spouse Information

17. Where have you lived for the last two years?
 (List current address first. Include dates)

Street Address	City	State	Zip	From	To
_____	_____	_____	_____	_____	_____

Section E: Certification and Signature(s)

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the college with supporting documentation related to my application, if I am requested to do so.

 Signature of Applicant Date

 Signature of Parent/Legal Guardian or Spouse Date