



Rappahannock Community College

College

APPLICATION FOR ADMISSION

For Office Use Only
Empl. ID _____
IS _____ OS _____
Staff Initial _____
Date _____

Please Note: In compliance with the Sex Offender and Crimes Against Minors Registry, a portion of this information will be submitted to the Virginia State Police.

- Name: _____
Prefix First Full Middle Last
- Social Security Number: _____ - _____ - _____
See privacy statement, which can be obtained in the Admissions Office.
- Former name: _____
First Full Middle Last
- Date of birth: _____ / _____ / _____
(Month) (Day) (Year)
- Which college/campus do you plan to attend? _____ College _____ Campus
- In what type of class will you be enrolling? _____ Credit classes _____ Non-credit/CEU classes
- What term do you plan to begin classes? 20____ Term: ____ Fall (Aug-Dec) ____ Spring (Jan-May) ____ Summer (May-Aug)
- Have you previously attended, applied for admission to, or been employed by any Virginia Community College?
____ No ____ Yes **If yes, SIS ID (Empl ID), if known:** _____
- Primary Phone (include area code): (_____) _____ - _____
- Mailing address: _____
Street City State ZIP Country, if not USA
- Current Residence: _____ **Provide what you consider to be your location of residence. If you temporarily relocated to your current address to get an education, you should provide your previous location.**
- Have you lived in Virginia for the last twelve months? ____ Yes ____ No-Where else did you live? _____ (US state or foreign country).
- Email address: _____ *This address will be your unofficial e-mail address; you will be assigned an official VCCS e-mail address after enrolling in a qualifying class.*
- Emergency Contact Information: _____
First Name Last Name Relationship Phone Number
- Employer (if employed): _____
- Business phone: (____) _____ - _____ ext.: _____
- Ethnicity: ____ White ____ Black/African American ____ Hispanic/Latino ____ Asian ____ American Indian/Alaska Native
____ Native Hawaiian/Other Pacific Islander
- Gender: ____ Female ____ Male
- U.S. Citizen Status: ____ Native ____ Naturalized ____ Alien Permanent ____ Alien Temporary ____ Not reported or Not living in the U.S.
Note: If you have been a U.S. Citizen since birth, choose Native. If you became a U.S. Citizen after birth, choose Naturalized. If you are not a U.S. Citizen, choose one of the types of alien statuses based on your visa. "Alien Permanent", "Alien Temporary" or "Not reported or Not living in the US" applicants must complete the remainder of the question on Citizen Status.
Country of Citizenship? _____ Permanent Status: ____ Resident Alien ____ Asylee ____ Refugee A#: _____
Visa Type: _____ Visa Expiration Date: _____ If you chose "Not reported or Not living in the US," what Visa Status are you requesting? _____
- Primary Language: _____ English _____ Other
- Military status: ____ No Military Service ____ Spouse ____ Dependent ____ Active duty ____ Active reserves
____ Inactive reserves ____ Retired ____ Veteran/VA Ineligible ____ Veteran
Branch: _____ Date of Entry _____
mm/yy

Please complete the rest of this form if you plan to pursue a credit program of study or credit classes. If you selected "non-credit", please sign and date the application.

22. High School Information

High School (graduated or currently enrolled)

High School _____ Address _____
City State Country, if not USA

Actual or Anticipated Graduation Date _____
mm/yy

Diploma Type: ___ Standard ___ Modified Standard ___ General Achievement ___ Advanced Studies ___ Other
 Other (Includes: Special Diploma or Certificate of Completion), or Don't Know

Home School (graduated or currently enrolled)

Address _____ Actual or Anticipated Graduation Date _____
State Country (if not USA) mm/yy

GED

State _____ Award Date _____
mm/yy

No High School diploma or GED

Last Date Attended: _____ Highest grade completed: _____
mm/yy

23. Colleges/Universities attended. If you have taken any college classes, please list the most recent first. Indicate any degrees earned in the last column with an **A** for Associate, **B** for Bachelor's, **M** for Master's, **D** for Doctorate or **P** for Professional Degree. If you have not earned a degree, leave the Degrees column blank.

College or University	City, State/Country (if not USA)	Dates Enrolled	Degrees

24. Were you suspended or dismissed from the last college you attended? ___Yes ___No

25. Family Educational Background:

Father's Highest Education: ___ Do Not Know ___ Less than High School ___ Attended High School
 ___ Graduated from High School ___ Attended College ___ Associate's Degree ___ Received a Bachelor's Degree
 ___ Received a post-Bachelor's Degree

Mother's Highest Education: ___ Do Not Know ___ Less than High School ___ Attended High School
 ___ Graduated from High School ___ Attended College ___ Associate's Degree ___ Received a Bachelor's Degree
 ___ Received a post-Bachelor's Degree

26. Educational Goals: *(Financial Aid students must check "yes" and enroll in an approved plan of study. Include specialization/sub-plan, if applicable).*

___ I plan to pursue a degree, certificate, or diploma from my community college. Plan of study _____
(Refer to the college's list of plans on page 4)

___ I do not plan to pursue a degree at this time. Reason for taking classes (**check only one**):

- ___ Upgrading current job skills ___ Developing skills for new job ___ Exploring career options
- ___ Pursuing personal interest or general knowledge ___ Currently pursuing degree at another college (transient/visitor)
- ___ Planning to pursue a degree at another college (non-degree/transfer)

27. **High School Applicants:** ___ Dual Enrollment ___ Home Schooled ___ Dual Enrollment/Principal Permission

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ **Date:** _____

Parent/Legal Guardian's Signature: _____ **Date:** _____
 (If under 18 years of age)

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), disability, national origin or other non-merit.



DOMICILE DETERMINATION FORM

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

All students taking credit classes must complete this portion of the application.

- Applicant's Name: _____ Date of birth: ____/____/____
 First Full Middle Last (mm) (dd) (yy)
- Are you a U.S. Citizen? ___ Yes ___ No If "No", are you a permanent resident? ___ Yes ___ No
 If "Yes," what is your "A number"? _____ If "No," what is your immigration status? _____
- Are you on active duty in the U.S. Armed Forces? ___ Yes ___ No If "Yes", is Virginia listed on your Leave and Earnings Statement? ___ Yes ___ No
 Date of Entry: ____/____/____ Official Duty Station: _____ Reporting Date: ____/____/____ Duration of Orders: ____/____/____
 mm/dd/yyyy State mm/dd/yyyy mm/dd/yyyy
- Are you the dependent of an active duty member in the U.S. Armed Forces? ___ Yes ___ No
 If "Yes", is Virginia listed on the Leave and Earnings Statement? ___ Yes ___ No
 Date of Entry: ____/____/____ Official Duty Station: _____ Reporting Date: ____/____/____ Duration of Orders: ____/____/____
 mm/dd/yyyy State mm/dd/yyyy mm/dd/yyyy
- Are you retired or discharged from the U.S. Armed Forces? ___ Yes ___ No If "Yes," date of discharge/retirement? ____/____/____
 mm/dd/yyyy
- Are you the dependent of someone retired or discharged from the U.S. Armed Forces? ___ Yes ___ No If "Yes," date of discharge/retirement? ____/____/____
 mm/dd/yyyy
- For Students Under the Age of 24 (if you are 24 or older, skip to 8)
 Parent: My parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.
 Legal Guardian: My court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.
 Spouse: I want to claim eligibility for in-state tuition based on my spouse's domicile.
 Self: I want to claim eligibility based on my own domicile. **If you are under the age of 24, your eligibility must be based on your parent or legal guardian unless one of the following applies: (Check all that apply.) You may be required to supply "clear and convincing evidence" of your status.**
 I am a veteran or active duty member of the U.S. Armed Forces. Both of my parents are deceased and I have no adoptive or legal guardian.
 I have legal dependents other than my spouse. I am financially self-sufficient.
 I am a ward of the court or was a ward of the court until age 18. I have a bachelor's degree and I am working on a graduate degree.
 I am married.
- For Students 24 or older
 Self: I want to claim eligibility based on my own domicile.
 Spouse: I want to claim eligibility for in-state tuition based on my spouse's domicile.
- Provide the name of the person upon whom you are basing your domicile: _____
 Relationship to Applicant: _____ (First) (Middle) (Last)

Using the above (#9) person's information, answer the questions below.

- Is the above person a U.S. citizen? ___ Yes ___ No If "No," is he/she a permanent resident? ___ Yes ___ No
 If "Yes," what is his/her "A number"? _____ If "No," what is his/her immigration status? _____
- Is the above person on active duty in the U.S. Armed Forces? ___ Yes ___ No; If "Yes",
 Is Virginia listed on your Leave and Earnings Statement? ___ Yes ___ No
 Date of Entry: ____/____/____ Official Duty Station: _____ Reporting Date: ____/____/____ Duration of Orders: ____/____/____
 mm/dd/yyyy State mm/dd/yyyy mm/dd/yyyy
- Is the above person married to someone active in the U.S. Armed Forces? ___ Yes ___ No
- Is the above person retired or discharged from the U.S. Armed Forces? ___ Yes ___ No
 If "Yes," date of discharge/retirement? ____/____/____ State on LES prior to discharge: _____ State
- Is the above person a dependent of someone retired or discharged from the U.S. Armed Forces? ___ Yes ___ No
 If "Yes", date of discharge/retirement? ____/____/____ State on LES prior to discharge: _____ State
- Has the above person lived in Virginia for the last 12 months? ___ Yes ___ No
- For the last year, did the above person (select only one):
 ___ file Virginia income taxes on all earned income ___ was a resident in a state without income tax
 ___ file as a resident in another state ___ had no taxable income
 ___ file as a resident in Virginia and as a non-resident in another state
- For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$10,712 of earned income?
 ___ Yes ___ No

For the last year, has the above person:

- held a Virginia Driver's License or Virginia DMV ID? ___ Yes ___ No If "No," has the above person held a Driver's License or DMV ID to any other state?
 ___ Yes ___ No
- owned or operated a motor vehicle in Virginia? ___ Yes ___ No If "No," has the above person owned or operated a motor vehicle in any other state?
 ___ Yes ___ No
- been registered to vote in Virginia? ___ Yes ___ No If "No," has the above person been registered to vote in another state? ___ Yes ___ No

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply 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 _____
(If under 24 years old)

College Transfer

Arts and Sciences..... 649-01

Occupational Technical Programs

Business Management 212-08

General Engineering

 Industrial Electricity 968-01

 Electronics 968-03

Nursing (ADN) 156-01

Administration of Justice/

Protective Services Technology 400-01

Certificate Programs

Administrative Support Technology 398-01

Bookkeeping/Accounting 204-01

General Education 695-01

Law Enforcement..... 463-01

Practical Nursing..... 157-01

Career Studies Certificate Programs

Autism 221-154-01

Banking 221-212-02

Culinary Arts 221-242-03

Electrician 221-941-02

Emergency Medical Services (EMS) 221-146-03

Entrepreneurship 221-212-10

Heating and Air Conditioning (HVAC)..... 221-903-10

Industrial Electricity/Electronics 221-940-15

Instructional Technology 221-731-24

Leadership in Organizations 221-212-13

Marine Trades 221-953-40

Microcomputer Applications..... 221-299-03

Nurse Aide 221-157-05

Phlebotomy 221-151-02

Welding: Arc and Gas 221-995-01

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