



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.

1. Name: _____
Prefix First Full Middle Last Suffix

2. Social Security Number: _____ - _____ - _____
Disclosure of your social security number is not required at this time, but it is highly recommended. Disclosure ultimately will be required for most students at the time of enrollment, per Section 6050S of the Restructuring and Reform Act of 1998, or at the time of disbursement of federal financial aid, per 34 Code of Federal Regulations Part 668.36. Section 23-2.2:1 of the Code of Virginia also authorizes the Virginia Community College System to collect student social security numbers and other personally identifiable information prior to a student's enrollment, and requires it to electronically transmit enrollment data to the State Police. However, the VCCS will only use your social security number in accordance with federal and state reporting requirements, and for identification and research purposes within the VCCS. It shall not permit further disclosure unless required or authorized by the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. Code 1232G, or pursuant to your obtained consent.

3. Former name: _____
First Full Middle Last

4. Date of birth: _____ / _____ / _____
(Month) (Day) (Year)

5. Which college/campus do you plan to attend? _____ College _____ Campus

6. In what type of class will you be enrolling? _____ Credit classes _____ Non-credit/CEU classes

7. What term do you plan to begin classes? 20__ Term: ___ Fall (Aug-Dec) ___ Spring (Jan-May) ___ Summer (May-Aug)

8. 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:** _____

9. Primary Phone (include area code): (_____) _____ - _____

10. Mailing address: _____
(Street) (City) (State) (ZIP) (Country, if not USA)

11. 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.**

12. Have you lived in Virginia for the last twelve months? ___ Yes ___ No-Where else did you live? _____ (US state or Foreign country).

13. 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.**

14. Emergency Contact Information: _____
First Name Last Name Relationship Phone Number

15. Employer (if employed): _____

16. Business phone: (____) _____ - _____

17. Are you Hispanic or Latino? ___ No ___ Yes

18. Ethnicity: ___ American Indian/Alaska Native ___ Asian ___ Black/African American
 ___ Native Hawaiian/Other Pacific Islander ___ White

19. Gender: ___ Female ___ Male

20. 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? _____

21. Primary Language: ___ English ___ Other

22. Military status: ___ I have never served in the U.S. Military ___ My spouse served in the U.S. Military ___ I am a dependent of someone who served in the U.S. Military ___ I have served in the U.S. Military - Select status, enter branch and date of entry:
 ___ Active duty ___ Active reserves ___ Inactive reserves ___ Retired ___ Other Protected Veteran ___ Veteran
 ___ Veteran/VA Ineligible ___ Vietnam-Era 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.

23. 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.
 If your Diploma Type is Advanced or above, select Standard.

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

24. 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

25. Were you suspended or dismissed from the last college attended? ___ Yes ___ No

26. 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

27. 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).

___ 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)

28. **High School Applicants:** ___ Dual Enrollment ___ Principal Permission ___ 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 Earning Statement? Yes No
 Date of Entry: ____/____/____ Official Duty Station: _____ State Reporting Date: ____/____/____ Duration of Orders: ____/____/____
- 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 Earning Statement? Yes No Date of Entry: ____/____/____ Official Duty Station: _____ State
 Reporting Date: ____/____/____ Duration of Orders: ____/____/____
- Are you retired or discharged from the U.S. Armed Forces? Yes No If "Yes," date of discharge/retirement? ____/____/____
- Are you the dependent of someone retired or discharged from the U.S. Armed Forces? Yes No If "Yes," date of discharge/retirement? ____/____/____

7. 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.

8. 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.

9. Provide the name of the person upon whom you are basing your domicile: _____
 (First) (Middle) (Last)

Using the above 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 Earning Statement? Yes No
 Date of Entry: ____/____/____ Official Duty Station: _____ State Reporting Date: ____/____/____ Duration of Orders: ____/____/____
- 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 on active duty with the Military? Yes No
 Is Virginia listed on your Leave and Earning Statement? Yes No
 Date of Entry: ____/____/____ Official Duty Station: _____ State Reporting Date: ____/____/____ Duration of Orders: ____/____/____
- Is the above person a dependent of someone retired or discharged from the Military? 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 Drivers license or Virginia DMV ID? Yes No If "No," has the above person held a Drivers 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)

Blue Ridge Community College

Degree, Diploma and Certificate Programs (Plans of Study)

Associate of Arts and Sciences

- College/University Transfer
 - Business Administration Specialization
 - Computer Science Specialization
 - Teacher Education Specialization

Associate of Science

- Science
 - Engineering Specialization

Associate of Applied Science

- Accounting
- Administration of Justice
 - Corrections Specialization
 - Law Enforcement Specialization
- Aviation Maintenance Technology
- Business Management
 - Administrative and Information Specialization
- Computer and Electronics Technology
 - Computer Network Technologies Specialization
- Human Services
- Information Systems Technology
- Mechanical Design Technology
- Nursing
- Technical Studies
 - Manufacturing Engineering Technology
- Veterinary Technology

Diploma

- Automotive Analysis & Repair

Certificate

- Art: Fine Arts
- Aviation Airframe Maintenance
- Aviation Powerplant Maintenance
- Health Sciences

Career Studies Certificate

- Advanced Conversational Spanish
- American Sign Language
- Applications in Corrections
- Applications in Law Enforcement
- Art: Introduction to Two-Dimensional Art
- Art: Introduction to Three-Dimensional Art
- Automation in Manufacturing Engineering
- Basic Office Skills
- Commercial Driving
- Computer-Aided Drafting
- Computer Applications for Professionals
- Computer Help Desk
- Computer Network Technologies
- Computer Science
- E-Commerce for Small Business
- Electrical Controls Fundamentals
- Electrical Fundamentals
- Entrepreneurship
- Gerontology
- Graphic Design
- Greenhouse Management
- Horticulture
- Information Technology
- Leadership and Supervision
- Light Sport Aircraft/Mechanic
- Manufacturing Management and Productivity
- Medical Coding–Hospital
- Multimedia Development and Integration
- Quality Control
- Quality Improvement
- Veterinary Assisting
- Web Design and Development

Partnership Programs

- Culinary Arts & Management (Dabney S. Lancaster Community College)
- Engineering (first year course requirements)
- Radiologic Technology (Rockingham Memorial Hospital)
- Respiratory Therapy (J. Sargeant Reynolds Community College)
- Funeral Services (John Tyler Community College)