



Application for Non-Degree Admission

OFFICE OF ADMISSIONS

The University of Virginia's College at Wise
One College Avenue • Wise Virginia 24293-4412

E-MAIL admissions@uvawise.edu
PHONE (888)282-9324 (toll-free)
(276)328-0102 (local)
WEB www.uvawise.edu
FAX (276)328-0251

Personal Information

NAME *(Please print)*

FIRST _____ MIDDLE _____ LAST _____

PREFER TO BE CALLED _____ BIRTHDATE *(Month/Day/Year)* _____ GENDER MALE _____ FEMALE _____

SOCIAL SECURITY NUMBER *(For reporting purposes only)* _____

ARE YOU MARRIED? _____ YES _____ NO _____ IF YES, MAIDEN NAME? _____

HOME ADDRESS

MAILING ADDRESS *(Not physical address)* _____ APT. NO. _____

CITY/STATE _____ COUNTY _____ ZIP CODE _____

HOME PHONE *(Area code)* _____ CELL PHONE *(Area code)* _____

E-MAIL _____ I'M SCREEN NAME _____

EMPLOYMENT

COMPANY NAME _____ WORK PHONE *(Area code)* _____

HAVE YOU APPLIED FOR ADMISSION HERE PREVIOUSLY? YES NO If yes, when? *(Month/Year)* _____

HAVE YOU ATTENDED UVA-WISE BEFORE? YES NO If yes, when? *(Month/Year)* _____

DID YOU RECEIVE A DEGREE FROM UVA-WISE? YES NO If yes, check one: B.A. B.S.

WHEN DID YOU PLAN TO ENROLL? FALL *(August)* SPRING *(January)* SUMMER SESSION I *(June)* SUMMER SESSION II *(July)* YEAR: _____

WHICH CAMPUS DO YOU PLAN TO ATTEND? *(Transfer students only)* WISE CAMPUS ABINGDON CAMPUS LEBANON CAMPUS

CITIZENSHIP STATUS

U.S. CITIZEN BY BIRTH U.S. CITIZEN BY NATURALIZATION *(Provide documentation)* NATURALIZATION PENDING *(Provide documentation)*

PERMANENT RESIDENT *(Please provide copy of both front and back of Form I-551 and attach)* PERMANENT RESIDENCY PENDING *(Provide documentation)*

ALIEN *(01)* *(Please complete International Applicant Information Form.)* COUNTRY OF RESIDENCE _____ VISA TYPE _____

OTHER *(Provide documentation)* _____

RACE *(Optional for reporting purposes only)*

AFRICAN AMERICAN *(02)* NATIVE AMERICAN *(03)* ASIAN/PACIFIC ISLANDER *(04)* HISPANIC/LATINO *(05)* CAUCASIAN *(06)* OTHER/UNKNOWN *(07)*

Legal Disclosure

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

If yes, please enclose an explanation. If you are charged with a criminal offense after you submit this application, notify the Office of Admissions in writing immediately.

HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM ANY SCHOOL? YES NO

If yes, please enclose an explanation. If you are suspended or expelled after submitting your application, notify the Office of Admissions immediately.

The Honor System

The Honor System, adopted by the college in 1956, is a form of student self-government under which all students pledge to cooperate in acting honestly and honorably. Specifically, the System rests on the premise that lying, cheating, and stealing are not tolerable within the College community. The Honor System is administered by an Honor court elected by the student body and composed of representatives from each class. It is grounded in the belief that students are honest and trustworthy. A violation of the System in an offense against the entire student body. A violation can result in dismissal from the college or imposition of an intermediate sanction. The College will automatically enforce any sanction imposed by the Honor Court on a student certified to be guilty of a breach of the Honor System.

I hereby apply for admission to the University of Virginia's College at Wise and certify that the information provided on this application is true to the best of my knowledge. I understand that omitting information or providing false information will result in denial or dismissal from the College. If accepted, I agree to comply with and be governed by all the rules and regulations of the College. I further agree to subscribe to the Honor system administered by the student body.

APPLICANT'S SIGNATURE *(required for admission)* _____ DATE _____

Information provided on this application may be sent to the Virginia State police and other state and federal agencies as required by law.

In accordance with federal law, the law of the commonwealth of Virginia, and the policies of the Rector of visitors of the University of Virginia, the College does not discriminate in any of its programs, procedures, or practices against any person on the basis of age, citizenship, color, handicap, sex, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era. The College operates equal opportunity and affirmative action programs for faculty, staff, and students. The Equal Opportunity/Affirmative Action Office (EO/AA) is responsible for the enforcement of the College's nondiscrimination obligations. An applicant for admission or employment or any student or employee may file a discrimination complaint with the EO/AA Officer, the University of Virginia's College at Wise, One College Avenue, Wise, VA 24293.



APPLICATION FOR VIRGINIA'S IN-STATE TUITION PRIVILEGES

Completion of this form is required to claim in-state tuition privileges pursuant to Section 23-7.4 of the Code of Virginia. All questions must be answered. Failure to complete this form will result in an out-of-state classification for tuition purposes. Supporting documents and additional information may be required. Section I must be completed by the applicant. Section II must be completed by a parent, legal guardian, or spouse if the applicant is under the age of 24 on the first day of classes and/or if the applicant receives financial support or is claimed as a dependent for tax purposes, regardless of age, even if the applicant does not reside with them.

SECTION I (To be completed by all applicants.) APPLICANT'S INFORMATION (Please print.)

FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER BIRTH DATE (Month/Day/Year)

HOW LONG HAVE YOU LIVED IN VIRGINIA? YEARS MONTHS

CITIZENSHIP STATUS

U.S. CITIZEN PERMANENT RESIDENT (Please provide copy of both front and back of Form I-551/Green Card.)
NON U. S. CITIZEN VISA TYPE Date of Issuance Date of Expiration

WHERE HAVE YOU LIVED FOR THE PAST TWO YEARS? (LIST CURRENT ADDRESS FIRST - PHYSICAL ADDRESS, NOT P.O. BOX.)

CURRENT ADDRESS CITY/STATE ZIP CODE
FROM (Month/Year) TO (Month/Year)
PREVIOUS ADDRESS CITY/STATE ZIP CODE
FROM (Month/Year) TO (Month/Year)

WHERE HAVE YOU WORKED FOR THE PAST YEAR?

CURRENT EMPLOYER STREET ADDRESS CITY/STATE
FROM (Month/Year) TO (Month/Year) HRS PER WEEK
PREVIOUS EMPLOYER STREET ADDRESS CITY/STATE
FROM (Month/Year) TO (Month/Year) HRS PER WEEK

PLACE A CHECK MARK BESIDE ANY THAT APPLY TO YOU:

- VETERAN OR ACTIVE DUTY MEMBER OF U.S. ARMED FORCES MARRIED
HAVE LEGAL DEPENDENTS OTHER THAN SPOUSE
BOTH PARENTS DECEASED, NO ADOPTIVE LEGAL GUARDIAN
WARD OF THE COURT UNTIL THE AGE OF 18 (COURT DOCUMENTATION REQUIRED)

If you checked any of the items, please complete the remainder of Section I, skip Section II, and sign at the end of the form (reverse). If you did not check any of these, your parent/guardian should complete Section II and you both must sign at the end of the form (reverse).

DO YOUR PARENTS, SPOUSE, OR LEGAL GUARDIAN PROVIDE MORE THAN HALF OF YOUR FINANCIAL SUPPORT? YES NO

DO YOUR PARENTS, SPOUSE, OR LEGAL GUARDIAN CLAIM YOU AS A DEPENDENT FOR TAX PURPOSES? YES NO

(If yes to either question above, Section II must be completed by your parents, spouse, or legal guardian.)

IF YOU ARE MARRIED, DO YOU WANT TO CLAIM ELIGIBILITY FOR IN-STATE TUITION ON YOUR SPOUSE'S DOMICILE? YES NO

(If yes to the question above, Section II must be completed by your spouse.)

WILL YOU HAVE FILED A TAX RETURN OR PAID INCOME TAXES TO ANY STATE OTHER THAN VIRGINIA? YES NO

If yes, which state(s)?

FOR THE ENTIRE TWELVE MONTHS PRIOR TO THE TERM IN WHICH YOU PLAN TO ENROLL WILL YOU HAVE:

Filed a tax return or paid income taxes to Virginia on all earned income? YES NO

Been a registered voter? YES NO In Virginia? YES NO

If no, please provide an explanation:

Held a valid driver's license? YES NO In Virginia? YES NO

If no, please provide an explanation:

Do you own or operate a motor vehicle? YES NO

If yes, was it registered in Virginia during the past year? YES NO

If no, please provide an explanation:

Are you a member of the U. S. armed forces? YES NO If yes, A. Are you permanently stationed in Virginia, Washington, D. C., or any state contiguous to Virginia? YES NO (If yes, include a copy of your most recent orders.)

B. Have income taxes been paid to Virginia on all military income for the last year? YES NO

If no, have income taxes been paid to another state? YES NO

If yes, which state:

C. Does your current Leave/Earnings Statement reflect Virginia withholding? YES NO

If yes, effective date of change to Virginia:

(Attach a copy of your LES and DD-2058.)

Are you a retired military member who currently resides in Virginia and resided in Virginia at the time of retirement? YES NO (If yes, attach a copy of your LES, DD-214, and DD-2058.)

ANSWER THIS QUESTION ONLY IF YOU LIVE OUTSIDE VIRGINIA BUT WORK IN VIRGINIA:

Do you commute from a residence outside of Virginia to a work site in Virginia for full-time employment and pay Virginia non-resident income tax on all taxable income earned in Virginia? YES NO

(If yes, please attach or mail a letter verifying Virginia employment and a copy of the most recent non-resident Virginia income tax return.)

I certify that the information I have provided above is true.

SIGNATURE OF APPLICANT

DATE

Please review your responses carefully before submitting this form. This information will be used to determine in-state/out-of-state classification. Incomplete or inaccurate information will delay your course registration. By signing, I certify that the information provided is true and correct. Incomplete or inaccurate information will delay your course registration.

SECTION II

(To be completed by the parent, court-appointed legal guardian, or spouse. A signature is required at the end of this section. Please complete Section II in its entirety, failure to answer all questions may result in the applicant being assessed out-of-state tuition rates.)

PARENT/SPOUSE/LEGAL GUARDIAN INFORMATION (Please print.)

FIRST _____ MIDDLE _____ LAST _____

RELATIONSHIP TO APPLICANT Father Mother Spouse Legal Guardian (court documentation required)

CITIZENSHIP STATUS

U.S. CITIZEN PERMANENT RESIDENT (Please provide copy of both front and back of Form I-551/Green Card.)

Non U.S. Citizen VISA TYPE _____ Date of Issuance _____ Date of Expiration _____
(please include copy of Visa)

HOW LONG HAVE YOU LIVED IN VIRGINIA? _____ YEARS _____ MONTHS

WHERE HAVE YOU LIVED FOR THE PAST TWO YEARS? (List current address first – physical address, not P.O. box.)

CURRENT ADDRESS _____ CITY/STATE _____ ZIP CODE _____

FROM (Month/Year) _____ TO (Month/Year) _____

PREVIOUS ADDRESS _____ CITY/STATE _____ ZIP CODE _____

FROM (Month/Year) _____ TO (Month/Year) _____

WHERE HAVE YOU WORKED FOR AT LEAST ONE YEAR PRIOR?

CURRENT EMPLOYER _____ STREET ADDRESS _____ CITY/STATE _____

FROM (Month/Year) _____ TO (Month/Year) _____ HRS PER WEEK _____

PREVIOUS EMPLOYER _____ STREET ADDRESS _____ CITY/STATE _____

FROM (Month/Year) _____ TO (Month/Year) _____ HRS PER WEEK _____

FOR THE ENTIRE TWELVE MONTHS PRIOR TO THE TERM IN WHICH THE STUDENT PLANS TO ENROLL, WILL YOU HAVE:

Been employed in Virginia? YES NO

Filed a tax return or paid income taxes to Virginia on all earned income? YES NO

Been a registered voter? YES NO In Virginia? YES NO If no, please provide an explanation: _____

Held a valid driver's license? YES NO In Virginia? YES NO If no, please provide an explanation: _____

Do you own or operate a motor vehicle? YES NO If yes, was it registered in Virginia during the past year? YES NO

If no, please provide an explanation: _____

WILL YOU HAVE CLAIMED THE STUDENT AS A DEPENDENT FOR FEDERAL AND VIRGINIA INCOME TAX PURPOSES PRIOR TO THE TERM IN WHICH THE STUDENT WILL ENROLL? YES NO

WILL YOU HAVE PROVIDED MORE THAN HALF OF THE APPLICANT'S FINANCIAL SUPPORT FOR AT LEAST ONE YEAR PRIOR TO THE TERM IN WHICH THE APPLICANT WILL ENROLL? YES NO

WILL YOU HAVE FILED A TAX RETURN OR PAID INCOME TAXES TO ANY STATE OTHER THAN VIRGINIA? YES NO

IF YES, WHICH STATE(S)? _____

ARE YOU A MEMBER OF THE U. S. ARMED FORCES? YES NO If yes,

A. Are you permanently stationed in Virginia, Washington, D. C., or any state contiguous to Virginia? YES NO (If yes, include a copy of your most recent orders.)

B. Have income taxes been paid to Virginia on all military income for the last year? YES NO

If no, have income taxes been paid to another state? YES NO

If yes, which state: _____

C. Does your current Leave/Earnings Statement reflect Virginia withholding? YES NO

If yes, effective date of change to Virginia: _____ (If yes, attach a copy of your LES, DD-214, and DD-2058.)

ARE YOU A RETIRED MILITARY MEMBER WHO CURRENTLY RESIDES IN VIRGINIA AND RESIDED IN VIRGINIA AT THE TIME OF RETIREMENT? YES NO

(If yes, attach a copy of your LES, DD-214, and DD-2058.)

ANSWER THIS QUESTION ONLY IF YOU LIVE OUTSIDE VIRGINIA BUT WORK IN VIRGINIA.

Do you commute from a residence outside of Virginia to a work site in Virginia for full-time employment and pay Virginia non-resident income tax on all taxable income earned in Virginia? YES NO (If yes, please attach or mail a letter verifying Virginia employment and a copy of the most recent non-resident Virginia income tax return.)

I certify that the information I have provided above is true.

SIGNATURE OF PARENT, SPOUSE, OR LEGAL GUARDIAN _____

Please review your responses carefully before submitting this form. This information will be used to determine in-state/out-of-state classification. Incomplete or inaccurate information will delay your course registration. By signing, I certify that the information provided is true and correct. Incomplete or inaccurate information will delay your course registration.