

The University of Virginia's College at Wise
In partnership with
The University of Virginia School of Education and Human Development
Application for Library Media Endorsement Program

Center where you plan to enroll: Roanoke _____ Northern VA _____ Richmond _____

Tidewater _____ SW VA _____ Other _____

New Student _____ or, Date Last Attended _____ Entering Semester _____ Year _____

Male _____ Female _____ Date of Birth: _____

Name: _____ SS# _____

Address _____	City _____	State _____	Zip _____
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County: _____ E-mail: _____

Home # _____ Work #: _____ Cell #: _____

Academic History (List most recent institution first):

Institution _____	Location _____	Major _____	Degree _____	Dates _____
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Employment History in Education (List most recent employment first):

Institution _____	Location _____	Grade and Subject/s _____	Dates _____
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Citizenship Status:

US Citizen by birth _____ US Citizen by naturalization _____ Permanent resident (Attach copy of I-551) _____ Alien, list country of residence _____ and Visa type _____

Race (Optional – For reporting purposes only):

African American _____ Asian/Pacific Islander _____ Caucasian _____ Hispanic/Latino _____ Native American _____ Other/Unknown _____

Legal Disclosure Statements

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 you submit this application, notify the Office of Admission in writing immediately.

Do you require any aids or services as addressed in the Americans with Disabilities Act? (List) _____

Application for Library Media Endorsement Program, cont'd.

Verify with your initials that you are applying for admission into the Library Media Endorsement Program (mix of undergraduate and graduate credit) _____

Honor System

I hereby apply for admission to the University of Virginia's College at Wise (Endorsement Program) 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 rules and regulations of the College. I further agree to the Honor System administered by the student body. I also understand and agree that I will be subject to the provisions of the University of Virginia Honor Code in all classes for which I register.

Signature of Student: _____ **Date:** _____

Submit this completed application form with the following:

- **In-state Tuition Application** – (Attached or see link below.)
<https://www.uvawise.edu/sites/default/files/attachments/pages/2025-04/instate-application-fillable-2024.pdf>
- **Two letters of reference** from professionals who can attest to your promise as a school librarian. One person should be an administrator in the school system in which you are currently employed. Please submit the recommendations in sealed envelopes, or forms may be scanned/submitted by the person who is serving as a reference. (Forms Attached)
- **Essay** that addresses your interest in becoming a school librarian. Describe the function a library should play in a school and the contribution you can make in the role of library media specialist. The essay should be one page, double-spaced, using 12-point font.
- Copy of your current, valid **Virginia teaching license**.
- **Official copy** of your **undergraduate transcript** that shows your conferral date. (You may also submit other official transcripts (graduate) for evaluation for possible course substitutions.)

Mail complete application packet to: **UVA WISE, Admissions Office, One College Avenue, Wise, VA 24293**. Applicants will be notified of acceptance status by UVA WISE. They will also receive a UVA WISE e-mail log-in and password to use for course registration and all official UVA Wise correspondence.

FOR DEPARTMENTAL USE ONLY

Admit: Yes _____ No _____

Signature _____ Date _____

Library Media Program Director

UVA Wise Recommendation Form

Complete this applicant information section only. This form should then be given to the recommending official with a self-addressed business envelope OR the recommending party can email the form to the Admissions Office/admissions@uvawise.edu.

Name _____
Last First Middle Former/Maiden
Address _____ Work Phone _____
_____ City State Zip Home Phone _____

To the recommending official: The person named above has requested that you submit a recommendation pertaining to his/her potential in the UVA Wise School Library Media Endorsement Program. Please use the space below for a summary statement, indicating the applicant's particular strengths and weaknesses. In what capacity and for how long have you known the applicant? Use an additional sheet if necessary.

Print Name _____ Signature _____
Position _____ Date _____
Telephone _____

PLEASE SUBMIT THIS COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE OR THE RECOMMENDING PARTY CAN EMAIL THE FORM TO THE ADMISSIONS OFFICE AT admissions@uvawise.edu USING "Library Media Recommendation" AS THE SUBJECT LINE.

Thank you!

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Thank you!

Library Media Program Contact Sheet

Office	Phone/Email	Mailing Address	Function
Admissions Office	(276) 328-0102 admissions@uvawise.edu	UVA WISE Attn: Admissions Office One College Avenue Wise, VA 24293	Application packet, transcripts, etc.
Cashiers Office	(276) 328-0107 cashiersoffice@uvawise.edu	UVA WISE Attn: Cashiers Office One College Avenue Wise, VA 24293	Payment by credit card or check *No bills will be mailed*
Financial Aid	(276) 328-0139 finaid@uvawise.edu	UVA WISE Attn: Financial Aid Office One College Avenue Wise, VA 24293	Complete FAFSA form www.fafsa.gov
Computer Help Desk	(276) 376-4509 help@uvawise.edu	N/A	Login/passwords/ password reset/Moodle
Online Registration	jcavadmin@uvawise.edu	N/A	Online registration problems
LMP Program Director Elizabeth Dotson-Shupe	(276) 328-0163 librarymedia@uvawise.edu	UVA WISE Attn: Education Department One College Avenue Wise, VA 24293	Program information/ Advising questions/ Course substitutions
Program Assistant Tammie Hale	(276) 328-0184 tlh3t@uvawise.edu		
Reading Education Academic Program Manager Department of Curriculum, Instruction, & Special Education The University of Virginia Emma Pearson	(434) 365-4582 ecp4ey@virginia.edu	UVA School of Education and Human Development	UVA courses/ UVA registration/ UVA schedule

Transcript Requests: <https://www.uvawise.edu/registrar/transcripts>

Avoid password resets by registering at: www.uvawise.edu/smop



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 (last 4 digits only)	Birth Date (M/D/Y)	
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 _____

(Please include copy of Visa)

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. If you did not check any of these, your parent or guardian, should complete Section II and you both must sign at the end of the form.

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 a parent, 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

A. If yes, are you permanently stationed in Virginia, Washington, D.C., or any state contiguous to Virginia? ☐ YES ☐ NO

(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

(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.

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 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

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

Been employed 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/or 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, 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: _____
 (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 _____ 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 the applicant's course registration. By signing, I certify that the information provided is true and correct.