



**GRADUATE or NON-DEGREE GRADUATE Studies**  
**Application for Re-enrollment**

*Note: To be considered for in-state tuition, you must complete the Application for Virginia In-State Tuition Rates (second page)*

**To be completed by Graduate or Non-Degree Graduate students  
 who have missed two or more consecutive semesters at Mason.**

G# or SSN: \_\_\_\_\_ Graduate \_\_\_\_\_ Non-Degree \_\_\_\_\_  
Please Check One

Name: \_\_\_\_\_  
Last First M.I. Previous Name

Address: \_\_\_\_\_  
Street Apt #

\_\_\_\_\_ Phone #: \_\_\_\_\_  
City State Zip Code

Admitted to Program: Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_  
Year Year Year

Term of Re-enrollment: Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_  
Year Year Year

**Would you like to have your Patriot Web PIN reset to your month and date of birth? (MMDDYY) Yes or No**

Last Semester Enrolled at Mason: \_\_\_\_\_ Advisor: \_\_\_\_\_

Academic Program: \_\_\_\_\_ Major Code: \_\_\_\_\_

Degree (for degree seeking students only) - Circle One:  
 MA MS MSN MPA MED MFA  
 MBA MAIS DAED DA PHD Certificate

I am aware that Graduate School policy requires that all work toward a Master's degree be completed within six years of initial admission (including time absent from George Mason University). I am aware that Graduate School policy requires that Doctoral students complete their dissertation within five years of advancement to candidacy (including time absent from George Mason University). I am aware of the catalog requirements regarding **the number of credits that I must take after full admission to degree status** (e.g. 18 credit hours for a Master's degree). I understand that courses taken in Non-Degree status do not fulfill this requirement. **I understand that official transcripts from all previous institutions must be in my permanent record. I understand that this request will undergo further review by the Registrar's Office and will not be processed until that review is complete.** I certify that all information given on this application is correct.

\_\_\_\_\_  
 Student's Signature Date

Permission to re-enroll granted by:

\_\_\_\_\_  
 Chairperson or Graduate Coordinator's Signature Date

Are you on F-1 or J-1 immigration status? **Yes or No**

If yes, this form **must** be reviewed and approved by the Office of International Programs and Services before it can be processed.

\_\_\_\_\_ OIPS Approval



# Application for In-State Tuition Rates

Admissions • Fairfax, Virginia 22030-4444

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*. **All questions must be answered.** Section A must be completed by the applicant. If you are dependent upon a parent, spouse or legal guardian Section B, of this form must also be completed by that person. **Supporting documents and additional information may be requested.**

## SECTION A - APPLICANT

1. Name of Applicant:		2. Student #:		
3. Date of Birth:				
4. Citizenship: <input type="checkbox"/> U.S.	<input type="checkbox"/> Permanent Resident Issued: _____ Expires: _____	<input type="checkbox"/> Non-U.S. Visa: Issued: _____ Expires: _____	Have you applied for a status that is pending? YES <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Other Status: _____ Date Awarded: _____

5. How long have you lived in Virginia? \_\_\_\_\_

6. Do you consider yourself to be a Virginia resident, though you currently live outside of Virginia? YES  NO

7. Where have you lived for the past two years? List current address first:

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

**Students under the age of 24 are presumed to be dependent on a parent, spouse, or legal guardian unless one of the following factors apply:**

8. a. Are you age 24 or older (as of the first day of the term in which you intend to enroll).....? YES  NO
- b. Are you a veteran or active duty member of the U.S. Armed Forces.....? YES  NO
- c. Are you a ward of the court or were you a ward of the court until age 18.....? YES  NO
- d. Are both of your parents deceased, and you have no adoptive or legal parents.....? YES  NO
- e. Are you a Graduate/professional student.....? YES  NO
- f. Do you have a legal dependent(s) other than your spouse (ex: child).....? YES  NO
- g. Are you married.....? YES  NO
9. If you are currently enrolled in a public college or university, please list the school: \_\_\_\_\_  
Are you paying in-state tuition rates.....? YES  NO
10. Do your parents, spouse, or legal guardian(s) provide more than half of your financial support or claim you as a dependent.....? YES  NO
- If yes, Section B must also be completed by parent/spouse/ legal guardian
- 11 a. For the twelve months prior to the term in which you will enroll, will you have you filed a Virginia income tax return or paid income tax on all earned income.....? YES  NO
- b. Are you exempt from filing an income tax return.....? YES  NO
- If no, where did you file a tax return or pay income taxes? \_\_\_\_\_
12. For the twelve months prior to the term in which you will enroll have you:
- a. been a registered voter in Virginia.....? YES  NO
- b. held a valid Virginia driver's license.....? YES  NO
- c. had your motor vehicle registered in Virginia.....? YES  NO  N/A
13. Are you an active duty member of the U.S. armed forces.....? YES  NO
- If No, Skip to Question 14.
- a. Are Virginia income taxes currently paid on all military income.....? YES  NO
- \*\*If yes, provide Admissions with copies of your military orders and an LES or State of Legal Residence Certificate showing Virginia as your state of legal residence for income tax purposes.
14. Are you the dependent of a military parent, spouse, or legal guardian with military orders to VA who also resides in VA? YES  NO
- \*\*If yes, have the military member complete Part B and provide Admissions with copies of the following documentation: military dependent ID card, lease/deed, and military orders.
15. Are you currently living in a state other than MD, DC, PA, WV, KY or VA.....? YES  NO
- If yes, will you have worked in Virginia and earned at least \$10,300 and paid Virginia income taxes for the past twelve months.....? YES  NO
- \*If yes, provide Domicile Administration (Registrar's Office) with copies of the following documentation: state and federal income taxes, current pay stub, and a copy of this form.

**I certify under penalty of disciplinary action that the information I have provided is true.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**SECTION B – PARENT, SPOUSE OR LEGAL GUARDIAN**

1. Name of Parent, Spouse or Legal Guardian: _____				
2. Citizenship: <input type="checkbox"/> U.S.	<input type="checkbox"/> Permanent Resident Issued: _____ Expires: _____	<input type="checkbox"/> Non-U.S Visa: Issued: _____ Expires: _____	Have you applied for a status that is pending? YES <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Other Status: _____ Date Awarded: _____

3. How long have you lived in Virginia? \_\_\_\_\_

4. Do you consider yourself to be a Virginia resident, though you currently live outside of Virginia? YES  NO

5. Where have you lived for the past two years? List current address first:

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

6. Do you provide more than half of the financial support for the applicant or claim the applicant as a dependent on your federal and Virginia income tax return.....? YES  NO

If yes, Section B must also be completed by parent/spouse/ legal guardian

7. a. For the twelve months prior to the term in which your dependent will enroll, will you have you filed a Virginia income tax return or paid income tax on all earned income.....? YES  NO

b. Are you exempt from filing an income tax return.....? YES  NO

If no, where did you file a tax return or pay income taxes? \_\_\_\_\_

8. For the twelve months prior to the term in which your dependent will enroll, will you have:  
a. been a registered voter in Virginia.....? YES  NO

b. held a valid Virginia driver's license.....? YES  NO  N/A

c. had your motor vehicle registered in Virginia.....?

9. Are you an active duty member of the U.S. armed forces.....? YES  NO

If No, Skip to Question 10.

a. Are Virginia income taxes currently paid on all military income.....? YES  NO

b. Is the person who completed Part A of this form your dependent.....? YES  NO

c. Are you residing in Virginia with orders to a Virginia military base/installation/post.....?

10. Are you currently living in a state other than MD, DC, PA, WV, KY or VA.....?

If yes, will you have worked in Virginia and earned at least \$10,300 and paid Virginia income taxes for the past twelve months.....?

\*If yes, provide Domicile Administration (Registrar's Office) with copies of the following documentation: state and federal income taxes, current pay stub, and a copy of this form.

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

\_\_\_\_\_  
*Signature of Parent, Spouse or Legal Guardian*

\_\_\_\_\_  
*Date*

Additional Comments:

**Additional Information**

\*Domicile Administration is part of the Office of the Registrar.

\*\*If you have a status change pending, please provide Domicile Administration with a copy of your current & pending status documentation. Please also provide a copy of this form.