



PLEASE CHECK APPROPRIATE STATUS:

Freshman Term and year of proposed enrollment:
 Transfer Fall 20 __ __ Spring 20 __ __ Other _____

Applying for:
 Early Action (December 1 deadline)
 Regular Admission (March 1 priority deadline)

Adult Application for Admission

(\$40 application fee)

Social Security Number _____ - _____ - _____

Legal Name _____
Last First Middle Preferred First Name

Permanent Address _____
(Mailing) Street City State Zip

Phone () _____ **Cell** () _____

County/City _____ **E-mail address** _____ @ _____

AIM Screen name _____

Temporary Address _____
City State Zip Valid until date (mm/dd/yr)

Date of Birth: _____
Month Day Year

Gender: Male Female

Marital Status: Single Married

Previous Name _____

Ethnic Heritage: (Optional-- for reporting purposes only)

(a) Are you of Hispanic, Latino or Spanish origin? yes no

(b) Select your race - check as many as apply:

- African American/Black
- American Indian/Alaskan Native
- Asian
- White
- Native Hawaiian/Pacific Island
- _____

Citizenship:

(a) U.S. Citizen Permanent Resident Political Asylum/Refugee Temporary Visa; type _____
 Other, please specify: _____

(b) If you are not a U.S. citizen, please specify: _____
country of birth country of residence type of visa date of issue expiration date

Please provide copy of immigration documents.

Is English the primary language spoken in your household? Yes No Specify primary language _____

If no, please list the date you took/will take the TOEFL Examination _____
(This test is required if English is your second language. Please forward your test scores.)

Have you completed an English as a Second Language Program? Yes No Location of ESL Center _____

What is your probable major or program of study? _____ (Please select from the programs on the last page.)

Do you plan to earn teacher certification? Yes No If yes, indicate grade level _____

Location: Farmville (All programs) Martinsville (Elementary Education only) Richmond (Management/Marketing/Retail only)

Do you plan to attend? Full-time Part-time

Name and address of most recent high school:

Name of School _____ City _____ State _____ CEEB HS Code _____ Dates Attended _____

High School Graduation Date _____ **or GED** _____
Month/Year Month/Year

Have you attended any college, either full-time or part-time, since graduation or taken any college-level courses while in high school? If yes, please list below all colleges attended, current or most recent first, and request that each of the institutions forward an official transcript directly to Longwood.

Name of College (full name) _____ City _____ State _____ CEEB College Code _____ Dates Attended (mm/yr) _____

Name of College (full name) _____ City _____ State _____ CEEB College Code _____ Dates Attended (mm/yr) _____

Name of College (full name) _____ City _____ State _____ CEEB College Code _____ Dates Attended (mm/yr) _____

Transfer Students Only:

Will you have received an associate's degree prior to entering Longwood? Yes No

Degree Completion Date _____

Please indicate: Associate in Art Associate in Science
 Associate in Arts and Sciences Associate in Applied Science

Will you have received a bachelor's degree from a four-year institution? Yes No

Please indicate degree and date received _____

Please list the date(s) on which you took/will take the SAT and/or ACT.

Please have official scores forwarded directly to the Admissions Office.

Date/Test _____ Date/Test _____ Date/Test _____

Please list the courses currently in progress and/or courses scheduled to be taken this academic year.

Give names of family members who have graduated from or are currently attending Longwood.

Name _____ Relationship _____ Year of Graduation _____

Name _____ Relationship _____ Year of Graduation _____

Position/Nature of Work

Employer/Address

Dates of Employment

Please list two references:

Name

Phone Number

Name

Phone Number

Please state your educational and career goals (approximately 100-200 words) below. If you wish to supply additional information in support of your application, you may do so.

Have you ever been subject to disciplinary action resulting in probation, suspension, or dismissal from school?
 Yes No If yes, please provide a brief explanation on a separate sheet. May we contact your current/former school(s) for information? Yes No

Have you ever been convicted of a criminal offense or is final action pending on any criminal charge other than a minor traffic violation? yes no If yes, or if you have any question about whether a matter in your background (including offenses committed as a juvenile and charges taken under advisement) constitutes a criminal offense, describe (on a separate sheet) the nature of that matter as accurately as you can.

The information provided on this application is correct and complete to the best of my knowledge. I understand that incorrect or omitted information will result in terminating my application for admission. Also, I will abide by the Longwood Honor Code, which prohibits lying, cheating and stealing. I will also abide by the Longwood Student Handbook.

Information provided on this application may be sent to the Virginia State Police and other state and federal agencies.

Applications for admission are considered on an individual basis without regard to ethnicity, age, gender, disability, or national origin.

Signature indicating acceptance of above statements.

Date

APPLICATION FOR IN-STATE TUITION RATES

This application for in-state tuition rates **must** be completed if you are claiming entitlement to Virginia in-state tuition rates pursuant to section 23-77.4, Code of Virginia. Supporting documents and additional information may be requested. NOTE: Answers to the questions must reflect information that is true for at least ONE YEAR PRIOR to the term in which you will enroll. Please print.

Section A: Student Information

Name: _____
Last First VISA Type Parent VISA Type

1. Where have you lived for the last two years? Include dates.

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

2. Do your parents/guardian provide 50% or more of your financial support or claim you as a dependent? Yes (parent/guardian must sign form) No
3. A. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile? Yes No
 B. If "Yes," does your spouse provide over 50% of your financial support? Yes No
4. Check all of the following characteristics that apply to you:
 Age 24 or older as of the first day of the term in which you intend to enroll
 Veteran or active duty member of the U.S. Armed Forces
 Graduate or first-professional student
 Ward of the court or was a ward of the court until age 18
 If both parents are deceased, no adoptive or legal guardian
 Legal dependents other than a spouse
 Married

DIRECTIONS FOR COMPLETING THE REMAINDER OF THIS FORM:
 If your response to question #2 or #3B is "Yes," complete both the shaded and unshaded areas of this form.

If your response to question #3B is "No," complete the unshaded areas of this form.

If you did not check any of the items in question #4, complete both the shaded and unshaded areas of this form.

If you checked any of the items in question #4 and answered "No" to question #2, complete only the unshaded areas of this form.

Section B: Domicile Information

5. Are you completing the shaded areas for your (check only one):

Father Mother Legal guardian Spouse

- | | Student | | Parent, Spouse or Guardian | |
|---|--------------------------|--------------------------|----------------------------|--------------------------|
| | Yes | No | Yes | No |
| 6.A. Have you been employed in Virginia for the past year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "No," were you employed in:
Student: Another state: <input type="checkbox"/> Not employed: <input type="checkbox"/>
Parent: Another state: <input type="checkbox"/> Not employed: <input type="checkbox"/> | | | | |
| 7. A. Was a tax return filed or income taxes paid to Virginia as a full- or part-year resident on all earned income last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "No," were taxes paid to:
Student: Another state: <input type="checkbox"/> Didn't file: <input type="checkbox"/>
Parent: Another state: <input type="checkbox"/> Didn't file: <input type="checkbox"/> | | | | |
| 8. A. Are you a registered voter in Virginia? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "No," are you registered in:
Student: Another state: <input type="checkbox"/> Not registered: <input type="checkbox"/>
Parent: Another state: <input type="checkbox"/> Not registered: <input type="checkbox"/> | | | | |
| 9. A. Do you hold a valid Virginia driver's license? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "No," do you hold a license in:
Student: Another state: <input type="checkbox"/> Not licensed: <input type="checkbox"/>
Parent: Another state: <input type="checkbox"/> Not licensed: <input type="checkbox"/> | | | | |
| 10. A. Did you operate a motor vehicle registered in Virginia during the last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. If "No," is it registered in:
Student: Another state: <input type="checkbox"/> Not registered: <input type="checkbox"/>
Parent: Another state: <input type="checkbox"/> Not registered: <input type="checkbox"/> | | | | |

Office use: IS OS P S M
 Date _____ Initial _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 11. A. Are you a member of the U.S. Armed Forces?
If "No," go to #12 | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have income taxes been paid to Virginia on all military income for the last year?
If "No," have income taxes been paid to another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does the current Leave/Earnings Statement reflect Virginia withholding? If "Yes," please provide copy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. A. Is either parent/legal guardian or spouse a member of the U.S. Armed Forces? If "No," go to #15. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have income taxes been paid to Virginia on all military income for the last year?
If "No," have income taxes been paid to another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does the current Leave/Earnings Statement reflect VA withholding? If "Yes," please provide copy. If "No," your non-military parent should complete this form. | <input type="checkbox"/> | <input type="checkbox"/> |

Section C: Additional Information

13. If your spouse is in the military, will you have: N/A
- A. Resided in Virginia for the past year?
- B. Been employed and earned at least \$10,300 during the past year?
- C. Paid income taxes to Virginia on all earned income?
14. If your parent/legal guardian is in the military, will the nonmilitary parent/legal guardian have: N/A
- A. Resided in Virginia for the past year?
- B. Been employed and earned at least \$10,300 during the past year?
- C. Paid income taxes on all earned income?
- D. Claimed you as a dependent for federal and Virginia income tax purposes?
15. If you have lived outside Virginia for the past year, will you have: N/A
- A. Been employed in Virginia and earned at least \$10,300 during the past year?
- B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?
16. If your parent/legal guardian has lived outside Virginia for the past year, will the parent/guardian have: N/A
- A. Been employed in Virginia and earned at least \$10,300 during the past year?
- B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?
- C. Claimed you as a dependent for federal and Virginia income tax purposes?

Section D: Parent/Legal Guardian or Spouse Information

17. Where have you lived for the last two years? Include dates.

Street Address	City	State	Zip	From	To

Section E: Certification and Signature(s)

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant _____ Social Security Number _____ Date _____

Signature of Parent/Legal Guardian or Spouse _____ Date _____

Note: If you did not check any items in #4, your parent/legal guardian must sign and complete the shaded section.

PROGRAMS OF STUDY

Anthropology
Art
Art Education
Art History
Art Studio/Artist's Book & Printmaking
Art Studio/Crafts
Art Studio/Drawing & Painting
Art Studio/Graphic Design
Art Studio/Photography
Biology
Biology/Health Professional
Biology/Medical Technology
Biology/Secondary Education
Business Administration/Accounting
Business Administration/Business Education
Business Administration/Computer Information Systems
Business Administration/Economics
Business Administration/Finance
Business Administration/Management
Business Administration/Marketing
Business Administration/Real Estate
Business Administration/Retail
Chemistry
Chemistry/Pre-Pharmacy
Chemistry/Professional
Chemistry/Secondary Education
Communication Sciences & Disorders
Communication Studies/Mass Media
Communication Studies/Organization & Strategic Communication
Computer Science
Criminology & Criminal Justice
Economics
Economics/Business Economics
Economics/International Economics
Economics/Public Policy
English
English/Comparative Literature
English/Creative Writing
English/Rhetoric & Professional Writing
English/Secondary Education
French
French/Secondary Education
German
German/Secondary Education
History
History & Social Science Education
History/Secondary Education
History/Pre-Law
History/Public History
Kinesiology/Athletic Training
Kinesiology/Exercise Science
Kinesiology/Teaching PE K-12
Liberal Studies/Elementary & Middle Education
Liberal Studies/Elementary Education
Liberal Studies/Middle Education
Liberal Studies/Special Education (5 year program)
Mathematics
Mathematics/Secondary Education
Music
Music/Choral Secondary Education
Music/Instrumental Secondary Education
Music/Performance
Music/Piano Pedagogy
Physics
Physics/Pre-Engineering
Physics/Pre-Medicine
Physics/Secondary Education
Political Science
Political Science/Secondary Education
Political Science/Global Politics
Political Science/Pre-Law
Psychology
Social Work
Sociology
Sociology/Family Studies
Sociology/Pre-Law
Spanish
Spanish/Secondary Education
Theatre
Theatre/Secondary Education
Theatre/Performance
Theatre/Technology
Therapeutic Recreation
Undeclared

Discover the power in you!