

COMMONWEALTH OF VIRGINIA

SCHEV
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101 North Fourteenth Street
Richmond, Virginia 23219



State Council of
Higher Education for Virginia
Advancing Virginia through Higher Education

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APPLICATION FOR PARTICIPATION IN THE ACADEMIC COMMON MARKET (ACM)

ACADEMIC COMMON MARKET DISCLAIMER

As the coordinating agency for the Commonwealth of Virginia's participation in the SREB's Academic Common Market (ACM), the State Council of Higher Education for Virginia (SCHEV) reserves the right at its discretion and at any time to remove academic programs offered by Virginia institutions from the ACM and/or remove access to academic programs at out-of-state institutions offered to Virginians through the ACM. Students interested in applying to the ACM are encouraged to contact SCHEV when application is made to an out-of-state institution/program and to inquire on the program's status (either active or inactive) for Virginia residents. Students who begin studies at one institution with the intent to transfer to an ACM institution/program are not guaranteed ACM access if the respective program is removed from the ACM during their time at the institution of origin.

SECTION A: APPLICANT INFORMATION

* Please print all responses.

Name: _____

Application Date: _____

Social Security Number: _____

Date of Birth: _____

Gender: Male Female

Telephone: _____

E-mail: _____

Permanent Address:

Street

City

State

Zip Code

Institution: _____

Degree Program: _____

Distance Learning Program: ___ Yes ___ No

Degree Level: _____
(e.g., B.S., M.A., Ph.D.)

Requesting certification starting: ___ Fall ___ Spring ___ Summer 20___

Are you a U.S. citizen, U.S. national, or permanent resident? ___ Yes ___ No

(If "No," attach a copy of your INS documentation, indicating your classification and expiration date to this application)

SECTION B: DOMICILE INFORMATION

CHECK BOX A OR BOX B:

A DEPENDENT STUDENT -- PARENTS/LEGAL GUARDIAN/SPOUSE PROVIDES 50% OR MORE OF FINANCIAL SUPPORT AND/OR CLAIM AS A TAX DEPENDENT

*Domicile is determined by supporting documentation of parents, legal guardian, or spouse – also complete box below. **This individual must also sign this application.***

B INDEPENDENT STUDENT

Domicile is determined by supporting documentation of applicant.

Do any of the following characteristics apply to you? Check all that apply.

- 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

If **dependent**, list parents'/legal guardian's/spouse's name and address for the last two years. List current address first, including dates.
 If **independent**, include this information for yourself.

Name	Street Address	City	State	Zip Code	From (mm/dd/yy)	To (mm/dd/yy)
					___/___/___	Current
					___/___/___	___/___/___
					___/___/___	___/___/___

When did you move to Virginia and WHY? _____

SECTION C: ARMED FORCES

ANSWER BOTH QUESTION A AND B

- A. Are you a member of the U.S. Armed Forces?** Yes No
If "Yes," 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
Does the current Leave/Earnings Statement reflect Virginia withholding?
 Yes No
- B. Is your parent/legal guardian/spouse a member of the U.S. Armed Forces?** Yes No
If "Yes," 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
Does the current Leave/Earnings Statement reflect Virginia withholding?
 Yes No

SECTION D: SUPPORTING DOCUMENTATION

The following documentation must accompany this application:

a) A copy of your acceptance letter into institution stating your major/degree program. There can be no conditions, probations, or provisions associated with your admissions status. Only students who have been **unconditionally** accepted into ACM programs are eligible for participation.

b) Three current documents that show a Virginia address. As the applicant, if you have indicated on the previous page that you are a dependent of your parents/legal guardian/spouse, then that person's supporting documentation should be submitted. If you indicated that you are an independent student, then supporting documentation showing a Virginia domicile should have your name on it. These documents are as follows:

- 1) A photocopy of a Virginia driver's license or identification card (required)**
- 2) Most recent federal or state tax form (required)**
- 3) A photocopy of either a vehicle registration or utility bill**

SECTION E: 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 State Council of Higher Education for Virginia and the college or university with additional 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

Notary Public (please be sure to affix seal to this document)

SUBSCRIBED AND SWORN TO ME ON THIS _____ DAY OF _____, 20 _____.

My commission expires _____.

Please return this completed application and supporting documentation to:

**Elizabeth Waddy
State Council of Higher Education for Virginia
James Monroe Building
101 North Fourteenth Street, 9th Floor
Richmond, Virginia 23219
Telephone: (804) 225-2632
Email: ElizabethWaddy@schev.edu**

Faxed copies of this application will not be accepted.