



# Application for Participation in the Academic Common Market

(Please type or print in black ink)

The Southern Regional Education Board (SREB) and state higher education agencies of the current participating states (AL, AR, DE, FL, GA, KY, LA, MD, MS, OK, SC, TN, TX, VA, and WV) administer the Academic Common Market (ACM) program (note that NC does not participate at this time). ACM operates on the premise that if public institutions in a student's home state do not offer a degree program that a student intends to pursue, then the student may attend a participating out-of-state public institution offering the degree and be granted a waiver of out-of-state tuition charges. For more information, visit [www.schev.edu/students/AcademicCommonMkt.asp](http://www.schev.edu/students/AcademicCommonMkt.asp).

**Disclaimer:** As the coordinating agency for the Commonwealth of Virginia's ACM participation, 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. When application is made to an out-of-state institution, Virginia domiciliary residents interested in applying for the ACM should review the online program inventory in order to determine the program's status (active or inactive). Students beginning studies at one institution or in one program with the intent to transfer to a participating institution or program are not guaranteed ACM access if the institution or program becomes ineligible during their time at the institution or in the program of origin.

## Application Process

Certification is a one-time-only procedure provided that the institutional requirements and the student's major and residency remain unchanged. While SCHEV accepts ACM applications year-round, the institution may set deadlines designation as an in-state student/ACM participant. Students should contact their institution for deadline information. Generally, the review process is about 4 to 6 weeks and varies depending on the number of applications received; therefore, the student is strongly advised to submit their ACM application at least 6 weeks prior to their institution's deadline or the start of classes, whichever is earlier. If approved, SCHEV will issue a certification letter for ACM participation to both the student and institution. The institution will either grant a tuition waiver or classify the student as an in-state resident. Waivers and in-state rates are not retroactive prior to the effective date, except at the discretion of the participating institution.

## Supporting Documentation

Students **must** submit the documents listed below; it may be helpful to check each box as the step is completed:

- A completed ACM application.** Be sure to read all directions carefully; processing of your application will be delayed unless all questions are completed, all documentation is attached, and the application is signed and dated by the appropriate person(s). Faxed or emailed applications will not be accepted.
- A copy of acceptance letter stating an ACM-eligible major/degree program and effective term from the participating institution.** The acceptance letter must be on letterhead with a signature from a school official. Only students who have been unconditionally accepted into ACM programs are eligible for participation.
- Photocopies of the three documents below supporting claim of Virginia domicile.** *Dependent students (applicants required to complete the boxed areas of the application) must provide their parent/legal guardian/spouse's documents.* Independent students provide documents for themselves. Required documents are photocopies of:
  - A valid Virginia driver's license or valid Virginia identification card;
  - A signed copy of most recent federal income tax form 1040 (do not include schedules or attachments); and
  - A signed copy of most recent Virginia income tax form 760 (do not include schedules or attachments).

**Military Dependent Domicile Exception:** If you are a military dependent and the military member resides in Virginia but maintains a domicile outside of Virginia, complete sections A, B, D (questions 6 and 7), and F; attach photocopies of the following to this application:

- Military orders verifying active-duty military status and permanent duty station within Virginia or contiguous state;
- Documentation of physical residence in Virginia (e.g. utility bill, driver's license, etc.); and
- Student's military dependent card issued by the military.

## Section A: Student Biographical Information

|  |   |  |   |
|--|---|--|---|
| <b>Last name</b>                         | <b>First name</b>   | <b>MI</b>                                | <b>Last four digits of SSN</b><br>XXX-XX-   |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>                      | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>  |
| <b>Date of birth (mm/dd/yyyy)</b>        | <b>Gender</b>   | <b>Telephone number</b>                  | <b>Email address</b>  |
| <input style="width: 95%;" type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/>  |
| <b>Permanent address: Street</b>         |   | <b>City</b>                              | <b>State</b> <b>Zip</b>   |
| <input style="width: 95%;" type="text"/> |   | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> |

## Section B: Institution and Degree Information

|   |  |
|---|--|
| <b>Name of institution</b>                    |  |
| <input style="width: 95%;" type="text"/>      |  |
| <b>Name of ACM major/degree program</b>       | <b>Is this a distance learning program?</b>  |
| <input style="width: 95%;" type="text"/>      | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| <b>Degree level (e.g., B.S., M.A., Ph.D.)</b> | <b>Certification start term (check one and specify year)</b>   |
| <input style="width: 95%;" type="text"/>      | <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____ |

## Section C: Student Dependency Information

**1. Are you, the student, a U.S. Citizen or U.S. National?**  Yes  No

If "No," attach a copy of your INS documentation, including the classification and expiration date, to this application.

**2. Where have you, the student, lived in the last two years? List current address first.** Include dates.

| From (mm/dd/yyyy) | To (mm/dd/yyyy) | Street | City | State | Zip |
|-------------------|-----------------|--------|------|-------|-----|
|                   | <b>Today</b>    |        |      |       |     |
|                   |                 |        |      |       |     |
|                   |                 |        |      |       |     |

**3. Have you, the student, always resided in Virginia?**  Yes  No

If "No," when did you most recently move to Virginia and why?

mm/dd/yyyy

**4. Are you, the student, married?**  Yes  No

If "No," go to question 5; if "Yes," respond to questions 4A and 4B below.

4A. Do you wish to claim eligibility based on your spouse's domicile?  Yes  No

4B. If "Yes," does your spouse provide more than 50% of your financial support?  Yes  No

**If you answered "Yes" to both questions 4A and 4B, do not complete the remainder of Section C; continue on to Section D and complete both the unboxed "Student" and boxed "Parent/Legal Guardian/Spouse" areas of the remainder of the application with your spouse's information.**



**If you answered "No" to question either 4A or 4B, do not complete the remainder of Section C; skip to Section E and complete only the unboxed "Student" areas of the remainder of the application.**

**5. Do any of the following characteristics apply to you, the student? (Check all that apply.)**

- |  |   |
|--|---|
| <input type="checkbox"/> Age 24 or older as of first day of term in which you plan to enroll   | <input type="checkbox"/> Both parents deceased with no adoptive/legal guardian                        |
| <input type="checkbox"/> Ward of the court or was a ward of the court until age 18   | <input type="checkbox"/> Post-baccalaureate student; provide date baccalaureate degree awarded. _____ |
| <input type="checkbox"/> Veteran or active-duty member of the U.S. Armed Forces  |   |
| <input type="checkbox"/> Parent/legal guardian did not provide substantial financial support and did not claim me as a tax dependent for the past year | <input type="checkbox"/> Have legal dependents other than spouse                                      |

**If you did not check any of the characteristics in question 5 above, continue on to Section D and complete both the unboxed "Student" and boxed "Parent/Legal Guardian/Spouse" areas of the remainder of the application with your parent/legal guardian's information.**



**If you checked any of the characteristics in question 5 above, do not complete Section D; skip to Section E and complete only the unboxed "Student" areas of the remainder of the application.**

## Section D: Parent/Legal Guardian/Spouse Information

**6. I am providing information and required supporting documentation (see page 1) in the boxed areas of the remainder of this application for:**

| Last name | First name | MI | Telephone number | Email address |
|-----------|------------|----|------------------|---------------|
|           |            |    |                  |               |

**7. Relationship to student:**      Father      Mother      Legal Guardian      Spouse

If "Legal Guardian," attach a copy of court documentation to verify legal guardianship of the student, to this application.

**8. Is your parent/legal guardian/spouse a U.S. Citizen or U.S. National?**  Yes  No

If "No," attach a copy of his or her INS documentation, including the classification and expiration date, to this application.

**9. Where has your parent/legal guardian/spouse lived in the last two years? List current address first.** Include dates.

| From (mm/dd/yyyy) | To (mm/dd/yyyy) | Street | City | State | Zip |
|-------------------|-----------------|--------|------|-------|-----|
|                   | <b>Today</b>    |        |      |       |     |
|                   |                 |        |      |       |     |
|                   |                 |        |      |       |     |

**10. Has your parent/legal guardian/spouse always resided in Virginia?**  Yes  No

If "No," when did your parent/legal guardian/spouse most recently move to Virginia and why?

mm/dd/yyyy

**Section E: Other Domicile Information**

**For questions 11 – 15, be sure to answer the B question if your response to the A question is "No".**

|   | <u>Student</u>   | <u>Parent/Legal Guardian/Spouse</u>  |
|---|--|--|
| <b>11 A. Have you been employed in Virginia in the past year?</b><br>B. If "No," were you employed in:<br>If "Not Employed" for "Student", what are your source(s) of financial support?<br>_____   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Another state<br><input type="checkbox"/> Not employed                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Another state<br><input type="checkbox"/> Not employed                    |
| <b>12 A. For the most recent tax year, will (or did) you file a Virginia full- or part-year resident income tax form?</b><br>B. If "No," were taxes paid to:  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Another state<br><input type="checkbox"/> Did not file                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Another state<br><input type="checkbox"/> Did not file                    |
| <b>13 A. Are you a registered voter in Virginia?</b><br>B. If "No," are you registered to vote in:  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Another state<br><input type="checkbox"/> Not registered                  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Another state<br><input type="checkbox"/> Not registered                  |
| <b>14 A. Do you hold a valid Virginia driver's license?</b><br>B. If "No," do you hold a license in:  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Another state<br><input type="checkbox"/> Not licensed                    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Another state<br><input type="checkbox"/> Not licensed                    |
| <b>15 A. Do you operate a motor vehicle registered in Virginia?</b><br>B. If "No," is it registered in:   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Another state<br><input type="checkbox"/> Do not own                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Another state<br><input type="checkbox"/> Do not own                      |
| <b>16 A. Are you an active-duty member of the U.S. Armed Forces?</b><br>B. If "Yes," does your military Leave and Earnings Statement (LES) reflect Virginia withholding?<br><br>If "Yes," what was the effective date of change to Virginia?<br>(Attach a copy of your most recent LES to this application) | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>mm/dd/yyyy<br><input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>mm/dd/yyyy<br><input type="text"/> |

**Section F: Certification**

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and other applicable laws, I authorize the State Council of Higher Education for Virginia (SCHEV) and the institution I attend, or plan to attend, to disclose and receive personally identifiable information, including my Social Security Number and any other information necessary to make an ACM eligibility determination. I certify that all of the information I provided in this application is true and accurate. I agree to furnish SCHEV and the institution with additional supporting documentation related to my application, if I am requested to do so. 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, or both.

\_\_\_\_\_  
**Signature of applicant**

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

\_\_\_\_\_  
**Signature of parent/legal guardian/spouse**

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

*Participating institutions and SCHEV do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability when making award decisions or reviewing appeals; any information requested for these items is for statistical purposes only.*

*Public Law 93-579, referred to as the Federal Privacy Act, requires that any federal, state, or local agency that requests an individual to disclose his Social Security number inform the individual by which statutory or other authority the number is solicited, whether that disclosure is mandatory or voluntary, and what uses could be made of it. SCHEV, as required by published regulations, requests each applicant for its student aid programs to submit a Social Security number on a voluntary basis. SCHEV uses a student's Social Security number for unique identification purposes in the application and reporting processes.*

**Mail completed application and supporting documentation (see page 1 and questions 1, 7, 8 and 16) to:**

State Council of Higher Education for Virginia  
 Attention: Academic Common Market  
 101 North Fourteenth Street  
 James Monroe Building, 10th Floor  
 Richmond, Virginia 23219

*Faxed or emailed applications will not be accepted.*

*If there are any issues with your application packet, you (and your parent/legal guardian/spouse if dependent) will be contacted by email.*