

# Instructions for Application for Undergraduate Admission

## MCV Campus Undergraduate Health Sciences Programs

Office of Undergraduate Admissions • MCV Campus • P.O. Box 980632 • Richmond, Virginia 23298-0632

Applicants have two options for applying to the undergraduate programs in dental hygiene, clinical laboratory sciences and clinical radiation sciences.

The first option (strongly recommended) is to apply using the online application. Applying online allows for faster processing of your application and permits you to track your application and supplemental documents online.

The second option is to apply using the paper application. If you prefer to apply using the paper-application process, please allow for additional processing time.

To apply online

1. Go to <https://ssb.vcu.edu>.
2. Click on "Apply for Admission."
3. Create an account or login using your previously created user ID and password (if applicable). Please keep your username and password in a safe place.\*
4. Under "Select an Application," select "Transfer (30 or more credits)" and click "Continue." Follow the instructions for each page.\*\*
5. Submit the application electronically including the application fee (current VCU students are not required to pay the application fee).
6. Print the confirmation page that appears and keep this for your records. If you do not receive a confirmation page, you have not completed the process and your application has not been submitted.
7. Read the Admission Information page in the supplemental application materials and follow all directions.
8. Complete all supplemental materials with the exception of the paper Application for Undergraduate Admission form and the Application for Virginia In-state Tuition form. Your online submission of your application takes the place of these paper forms.
9. Obtain official copies of your transcripts.
10. Obtain sealed letters of reference.
11. Mail all supplemental documents in **one envelope** to:  
Virginia Commonwealth University  
Office of Undergraduate Admissions  
P.O. Box 980632  
Richmond, Virginia 23298-0632

\* Once you have completed this process and your supplemental documents are received and processed, you will be able to confirm receipt of your application and all supplemental documents by performing steps 1-3.

\*\* For the Brief Personal Statement portion of the online application, please type "Not Applicable."

- Clinical radiation sciences applicants are not required to submit a personal statement/essay.
- Clinical laboratory sciences and dental hygiene applicants are required to submit a personal statement/essay that is program-specific. This statement should be submitted on paper with your other supplemental documents. Additional information can be found within the supplemental application materials.

To apply using the paper application

1. Read the Admission Information page in the supplemental application materials and follow all directions.
2. Complete all supplemental materials including the Application for Undergraduate Admission form and the Application for Virginia In-state Tuition form.
3. Obtain official copies of your transcripts.
4. Obtain sealed letters of reference.
5. Mail all documents and your application fee (current VCU students are not required to pay the application fee) in **one envelope** to:  
Virginia Commonwealth University  
Office of Undergraduate Admissions  
P.O. Box 980632  
Richmond, Virginia 23298-0632

The logo for Virginia Commonwealth University, consisting of the letters "VCU" in a large, bold, black, sans-serif font.

# School of Dentistry

## Division of Dental Hygiene – Admission Information

Office of Undergraduate Admissions • MCV Campus • P.O. Box 980632 • Richmond, Virginia 23298-0632

### Admission procedures

1. This file contains all admission materials required of applicants to the Division of Dental Hygiene, including the university undergraduate application form. Completed applications must be **received** by the Office of Undergraduate Admissions, MCV Campus, **on or before Feb. 15 (not postmarked Feb. 15)**. The Division of Dental Hygiene at VCU's School of Dentistry cannot be responsible for items lost or delayed by the U.S. Postal Service.

2. It is the responsibility of the applicant to make sure the application is complete and received on or before Feb. 15.

A completed application packet must include:

- Application for Undergraduate Admission (even if you are currently a VCU student)
- Application for Virginia In-state Tuition Rates
- Official transcript(s) from **all** colleges or universities attended (including any college in which you are currently enrolled) in sealed envelopes
- Applicant Information Sheet
- Prerequisite Course Completion Form
- Personal Statement
- Three personal references in sealed envelope(s)
- Technical Standards Form
- TOEFL/IELTS score (if required)
- \$40 application fee (currently enrolled, full-time VCU students exempt)

All prerequisite courses must be completed by May 30 prior to entry. Incomplete applications and applications received after Feb. 15 **will not be processed**. As part of the selection process, selected candidates will be asked to participate in a personal interview on an assigned day between March 1 and April 15. Applicants are expected to attend the interview day assigned. Applicants will be notified of admissions decisions, in writing, by April 30.

Completed applications must be **received** by the Office of Undergraduate Admissions, MCV Campus, **on or before Feb. 15 (not postmarked Feb. 15)**. Applications should not be sent overnight or express mail unless through the U.S. Postal Service Priority Mail since this will delay the receipt in the Office of Undergraduate Admissions. All applications should be sent first class or hand delivered. The Division of Dental Hygiene at VCU's School of Dentistry cannot be responsible for items lost or delayed by the U.S. Postal Service.

3. The university application form and all supporting documents must be submitted in one envelope to the Office of Undergraduate Admissions, MCV Campus, P.O. Box 980632, Richmond, VA 23298-0632. Include with the application form a check or money order payable to VCU for \$40 (nonrefundable application fee). This fee is not required of currently enrolled, full-time students at VCU.

4. All applicants are considered nonresidents for tuition purposes. To be considered for in-state tuition, complete the Application for Virginia In-state Tuition Rates form and return with your application for admission.

5. To successfully complete the dental hygiene curriculum, students are required to clearly communicate with faculty, students, staff and patients. Accordingly, applicants may be required to provide evidence of their proficiency in American English via standardized tests. Applicants with a native language other than English, regardless of immigration status or previous course work, **must** present a Test of English as a Foreign Language (TOEFL) score of 550 (paper), 213 (computer) or 80 (Internet). An International English Language Testing System (IETLS) score of 6.0 is also accepted. TOEFL/IETLS scores must be included with application materials.

6. An official transcript from every college attended, including any college in which you are currently enrolled, must be submitted with your application packet. Do not break the seal. Contents of envelopes that have broken seals will not be considered during the application review. Incomplete packets will not be considered for admission until all supplemental materials, including official transcripts, are received.

7. Complete Section I of the Personal Reference forms. Three personal references are required. It is suggested that two of these references be from instructors or employers. Recommendations should be sealed and signed across the seal, and returned to you. Do not break the seal. Contents of envelopes that have broken seals will not be considered during the application review.

### Financial aid

Applicants planning to apply for financial aid should initiate the procedures as soon as possible. VCU requires the Free Application for Federal Student Aid form, which must be submitted by March 1. This application may be obtained from the financial aid office at the college you are currently attending. Questions should be directed to the financial aid officer at the VCU School of Dentistry, P.O. Box 980566, Richmond, VA 23298-0566; telephone (804) 828-9196.

### Contact information

Virginia Commonwealth University  
Office of Undergraduate Admissions, MCV Campus  
P.O. Box 980632  
Richmond, Virginia 23298-0632  
Telephone: (804) 827-0152 • Fax: (804) 828-2573

Virginia Commonwealth University  
School of Dentistry, Division of Dental Hygiene  
P.O. Box 980566  
Richmond, Virginia 23298-0566  
Telephone: (804) 828-9096 • Fax: (804) 827-0969

You may view the most up-to-date program information in the Undergraduate Bulletin online at [www.vcu.edu/bulletins](http://www.vcu.edu/bulletins). The effective bulletin for the current academic year also is available for download as a PDF in the archives section of the Bulletins Web site.



# School of Dentistry

## Division of Dental Hygiene Applicant Information Sheet

Office of Undergraduate Admissions • MCV Campus • P.O. Box 980632 • Richmond, Virginia 23298-0632

Please complete and include with your Application for Undergraduate Admission. Use the reverse side if additional space is needed.

### Name

Last	First	MI
------	-------	----

### Date of birth

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1. Do you speak, read or write a language other than English fluently?

Yes  No

*If yes, what language(s)?*

---

2. Have you held leadership positions?

Yes  No

*If yes, please describe these positions.*

---

3. Have you engaged in any community service?

Yes  No

*If yes, please list and elaborate.*

---

4. Have you had experience (shadowing or working) in a dental setting?

Yes  No

*If yes, please explain.*

---

5. Do you have any hobbies requiring hand-eye coordination?

Yes  No

*If yes, please explain.*

---

6. Have you received any honors or awards?

Yes  No

*If yes, please list.*

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# School of Dentistry

## Division of Dental Hygiene Prerequisite Course Completion Form

Office of Undergraduate Admissions • MCV Campus • P.O. Box 980632 • Richmond, Virginia 23298-0632

Name

Last	First	MI
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Date of birth

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Please complete this form as part of the application packet. Indicate what courses have been completed or will be completed to fulfill each prerequisite area, including when and where each course was completed or will be completed. **All prerequisite courses must be completed by May 30 prior to entry in desired fall semester.**

Prerequisites	Semester hours	Course #	Semester hours	Semester/year of completion	College
Biology (general)*	3-5				
Chemistry (college)*	3-5				
Human anatomy and physiology*	5-8				
Microbiology*	3-5				
English (composition)	6				
Humanities	3				
Math (algebra or higher)	3				
Psychology (introductory)	3				
Sociology (introductory)	3				
Speech	3				
Statistics	3				
Visual/performing arts**	3				
Electives (list all)	10-19				

\* Science courses must have been completed within the past six years and must include laboratory experience.

\*\* A hands-on course is preferred.



# School of Dentistry

## Division of Dental Hygiene Personal Reference Form

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### Section I - Applicant to complete this section

Recommendations in support of your application for admission must be submitted on, or accompanied by, this form. You must indicate your decision regarding a waiver of the right of access to this recommendation before giving it to the person asked to submit the recommendation.

#### Legal name

Last	First	MI
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#### Date of birth

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The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

I waive my rights to inspect the contents of this recommendation.

I do not waive my rights to inspect the contents of this recommendation.

Applicants signature \_\_\_\_\_

Date \_\_\_\_\_

### Section II - Recommender to complete this section

The School of Dentistry values your comments on the suitability of this applicant to do undergraduate work and will hold your comments in confidence of the applicant who has signed the above waiver.

How long, and in what capacity, have you known the applicant? \_\_\_\_\_

Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known who have similar levels of experience and education.

Assessment area	Superior	Good	Average	Poor	Unknown
Intellectual ability					
Ability to analyze a problem and format a solution					
Competence in applicant's general field					
Self-reliance					
Leadership					
Creativity/innovation					
Motivation					
Self-discipline					
Cooperativeness					
Oral communication skills					
Written communication skills					
Initiative					
Reliability					
Integrity					
Hand-eye coordination					

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# VCU

Your overall assessment of the applicant as to his or her ability to complete a baccalaureate degree in dental hygiene:

Highly recommend     Recommend without reservation     Recommend with reservation     Do not recommend

*Please use the space below to elaborate on the applicant's qualifications. You can see that we are greatly interested in obtaining an accurate profile of the applicant's capability for undergraduate study. We realize that check-off items sometimes do not provide you the opportunity to characterize the applicant as fully as you would like. Please give any additional comments. We especially appreciate comments on the applicant's intellectual capability, motivation for seeking an undergraduate degree in dental hygiene and likely tenacity in following through with the opportunity for dental hygiene education (e.g., perseverance, work habits, organization). In addition, since the applicant is applying to a professional curriculum, we are interested in your comments about the applicant's significant professional attitude and behavior.*

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Your position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number

# School of Dentistry

## Division of Dental Hygiene Personal Statement

Office of Undergraduate Admissions • MCV Campus • P.O. Box 980632 • Richmond, Virginia 23298-0632

**Name**

Last	First	MI
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**Date of birth**

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Please attach a typed document (double-spaced, 11-point font) stating concisely why you are interested in pursuing the Bachelor of Science in Dental Hygiene at Virginia Commonwealth University. Discuss your career goals and how having this degree will help you move toward your career goals. Indicate your prior life and work experience that will be useful in your educational experience and your strengths that will contribute to your success in the program.

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V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

# School of Dentistry

## Division of Dental Hygiene Prerequisites

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Before you submit your application, please review your pre-professional program to ensure that you will complete the following course credits prior to enrolling. Classes begin Aug. 1; summer school programs should be planned accordingly.

Biology (general)*	3-5	credits
Chemistry (college)*	3-5	credits
Human anatomy and physiology*	5-8	credits
Microbiology*	3-5	credits
English (composition)	6	credits
Humanities	3	credits
Math (algebra or higher)	3	credits
Psychology (introductory)	3	credits
Sociology (introductory)	3	credits
Speech	3	credits
Statistics	3	credits
Visual/performing arts**	3	credits
Electives	10-19	credits
Total	60	credits

\* Science courses must have been completed within the past six years and must include laboratory experience.

\*\* A hands-on course is preferred.

### TOEFL/IETLS

To successfully complete the dental hygiene curriculum, students are required to clearly communicate with faculty, students, staff and patients. Accordingly, applicants may be required to provide evidence of their proficiency in American English via standardized tests. Applicants with a native language other than English, regardless of immigration status or previous course work, must present a Test of English as a Foreign Language score of 550 (paper), 213 (computer) or 80 (Internet). An International English Testing System (IETLS) score of 6.0 is also accepted. TOEFL/IETLS scores must be included with application materials and received on or before Feb. 15.

### Recommended elective credits include:

Writing skills\*  
Computer usage  
Additional sciences  
Logic, critical thinking  
History  
Philosophy/ethics  
Additional psychology, sociology  
Any transferable college-level courses

\* Highly recommended

### Criminal background checks (CBC)

All accepted candidates to the Division of Dental Hygiene at the VCU School of Dentistry, prior to matriculation, will be required to submit to a criminal background check. A final decision about matriculation will be made after a review of the applicant's CBC.

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### **The rationale for performing CBCs:**

- To foster patient safety and well-being
- To bolster the continuing trust of the public in the dental hygiene profession
- To ascertain the ability of accepted applicants and enrolled dental hygiene students to eventually become licensed as dental hygienists
- To minimize the liability of dental schools and their affiliated clinical facilities

The CBC will not be a component of the application, interview or selection process but will be a mandatory component of the prematriculation process. The final decision regarding matriculation of an applicant will be based on the self-reported information in the candidate's application and information in the CBC report. Factors involved in the final decision may include, but are not limited to:

- The nature, circumstances and frequency of any reported offense(s)
- Length of time since the offense(s)
- Available information that addresses efforts at rehabilitation
- The accuracy of the information provided by the applicant

Information obtained through the CBC will not become part of a student's academic file and will remain confidential unless the findings result in an institutional action by the School of Dentistry.

Only candidates offered class positions and alternate-list candidates will be asked to provide a CBC prior to matriculation.

Candidates will be responsible for the cost of the CBC.

# School of Dentistry

## Division of Dental Hygiene Technical Standards Form

Office of Undergraduate Admissions • MCV Campus • P.O. Box 980632 • Richmond, Virginia 23298-0632

### Purpose

This document defines the nonacademic criteria for advancement through and graduation from the dental (D.D.S.), dental hygiene (B.S.), or advanced dental education (certificate or degree) programs at the Virginia Commonwealth University School of Dentistry.

### Background

The School of Dentistry provides this description of technical standards to inform prospective and enrolled students of the skills required in the provision of oral health care services. These technical standards reflect the performance abilities and characteristics that are necessary to successfully complete the requirements of the dental, dental hygiene or advanced dental education programs at the school. These standards are not requirements of admission into the programs. People interested in applying for admission to the programs should review these standards to develop a better understanding of the physical abilities and behavioral characteristics necessary to successfully complete the programs. The School of Dentistry complies with the requirements and spirit of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Therefore, the school will endeavor to make reasonable accommodations for students with disabilities who are otherwise qualified.

The school recognizes that the Doctor of Dental Surgery (D.D.S.) degree carries with it the full authority of the institution and communicates to those who might seek the services of the bearer that he or she is competent to practice dentistry. Similarly, the certificate of graduation or an M.S. degree from an advanced dental education program communicates competence in a dental specialty, while a B.S. degree in dental hygiene communicates competence in dental hygiene practice. Therefore, the student must demonstrate the knowledge, skills and attitudes that the faculty has determined are essential for the practice of dentistry, its specialties or dental hygiene. The student must acquire both cognitive and technical skills to negotiate the curriculum. All courses in the curriculum are required to assure graduates are competent clinicians.

The following technical standards describe the essential functions that students must demonstrate in order to fulfill the requirements of a dental education program and, thus, are required for advancement through and graduation from the program. Students must possess the skills and abilities that will allow them to successfully complete the course of study and receive the full benefit of their education. While enrolled, students must perform treatment on the school's patients. The school has the responsibility for ensuring the safety of the patients. Treatment must be completed safely and within an acceptable time.

The technical skill areas include motor, sensory/observation, communication, cognitive and behavioral. Continued enrollment and graduation will depend on the successful demonstration of both the knowledge and the skills listed below. The academic performance committees will monitor each student's demonstration of such knowledge and skills.

### Standards

#### 1. Motor skills

- a. General: A student should have sufficient motor function to execute movements essential to providing oral health care to patients.
- b. Specific: A student must possess the motor skills to perform palpation, percussion, auscultation and other diagnostic maneuvers, basic laboratory tests and diagnostic procedures. Such actions require coordination of gross and fine muscular movements, equilibrium and functional uses of the senses of touch and vision.
- c. Specific: A student must be able to perform basic life support including CPR, transfer and position patients with disabilities, physically restrain adults and children who lack motor control, and position and reposition himself or herself around the patient and chair in a sitting or standing position. A student must promote and support the ability of co-workers to perform prompt care. A student must be able to operate controls, use high- or low-speed dental hand pieces for tooth preparation procedures and use hand instrumentation including scalpels for surgical procedures.

#### 2. Sensory/observation

- a. General: A student must be able to acquire a predetermined level of required information through demonstrations and experiences in basic and dental sciences courses.
- b. Specific: Such information includes, but is not limited to, information conveyed through: 1) physiologic and pharmacological demonstrations in animals; 2) microbiological cultures; 3) microscopic images of microorganisms and tissues in normal and pathologic states; and 4) demonstration of techniques using dental models. A student must be able to acquire information from written documents and to evaluate information presented as images from paper, films, slides or video. A student must be able to interpret X-ray and other graphic images. A student must be able to benefit from electronic and other instrumentation that enhances visual, auditory and somatic sensations needed for examination or treatment.

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- c. General: A student must be able to observe a patient accurately, at a distance and close up, interpreting nonverbal communications while performing dental operations or administering medications.
- d. Specific: A student must be able to perform dental examinations and treatments that require the use of sight and touch. He or she must be able to see fine detail, focus at a variety of distances and discern differences and variations in color, shape and texture that are necessary to differentiate normal and abnormal soft and hard tissues. He or she must be able to use tactile senses to diagnose directly by palpation and indirectly by sensations transmitted through instruments. A student must also possess the visual acuity to read charts, records, radiographs, small print and handwritten notation.

**3. Communication**

- a. General: A student must be able to communicate effectively and sensitively with patients, convey or exchange information at a level allowing development of a health history, identify problems, explain alternative solutions, and give directions during treatment and post-treatment. A student must be able to communicate effectively and efficiently with all members of the health care team.
- b. Specific: A student must have sufficient facility with English to retrieve information from texts and lectures and communicate concepts on written exams and patient charts; elicit patient backgrounds; describe patient changes in moods, activity and posture; and coordinate patient care with all members of the health care team. A student must be able to communicate in lay language so that patients and their families can understand the patient's condition and, thereby, be more likely to comply with treatment and preventive regimes.

**4. Cognitive**

- a. General: A student must be able to measure, calculate, reason, analyze, integrate and synthesize.
- b. Specific: A student must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Problem solving requires all of these intellectual abilities. A student must be able to perform these problem-solving skills in a timely manner.

**5. Behavioral**

- a. General: A student must possess the emotional health required for full use of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients.
- b. Specific: A student must be able to endure physically taxing workloads and to function effectively under stress. He or she must be able to adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of patients. Compassion, integrity, concern for others, interpersonal skills, interests and motivation are all personal qualities that will be assessed during the admissions and educational processes. A student must be able to manage apprehensive patients with a range of moods and behaviors in a tactful, congenial, personal manner so as not to alienate or antagonize them. A student must be able to accept criticism and respond by appropriate modification of behavior. A student must be able to interrelate among colleagues, staff and patients with honesty, integrity, respect and nondiscrimination.

**6. Ethics and professionalism**

- a. General: A student must maintain the standards of conduct for ethics and professionalism as set forth in the American Dental Association's Principles of Ethics and Code of Professional Conduct, the American Dental Hygienists Association's Principles of Ethics, the VCU School of Dentistry's Code of Professional Conduct, the VCU School of Dentistry's Dress Code and VCU Insider – Student Handbook and Resource Guide.
- b. Specific: A student must always act in the best interest of the patient and society even when there is a conflict with the student's personal self-interest. The student must conduct oneself as a trustworthy and responsible citizen and act with impeccable integrity in their interactions with students, faculty, staff and the public. A student must refrain from actions that detract from the professional atmosphere or orderly appearance of the School of Dentistry or university, including personal appearance or other actions. This expectation would also apply when attending any school-sponsored or related activities such as preceptorships, externships, Mission of Mercy (MOM) and Jamaica projects.

*Approved by Administrative Committee: July 11, 2007*

I attest that I have read and understand the technical standards required to successfully complete the program in dental hygiene, and I believe that I can, and am prepare to, meet these requirements.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of birth

# Application for Undergraduate Admission

## MCV Campus Undergraduate Health Sciences Programs

Office of Undergraduate Admissions • MCV Campus • P.O. Box 980632 • Richmond, VA 23298-0632

Read all instructions in the application materials before completing. Type or print legibly in ink. Please complete all items and return to the above address. This application is for use by U.S. citizens and permanent resident aliens only. Nonimmigrants should request an international application. **Please include a check or money order payable to VCU for \$40 (nonrefundable application fee). This fee is not required of currently enrolled, full-time students at VCU.**

### Office use only

\_\_\_ P \$40  
\_\_\_ M CH  
\_\_\_ R MO  
\_\_\_ A CA  
\_\_\_ CC

School

Major

Year/Term

Req. Rule

Residency  
R N NF

Class

Native  
Language  
E O

City/County

National  
Origin  
US or PR

Country  
of Citizenship

**Name** \_\_\_\_\_  
last first middle initial former/maiden name

**Social Security number** \_\_\_\_\_ (Please note, while this information is not required for admission consideration, it is necessary for applicants who wish to be considered for financial aid and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the university. To protect your privacy, your Social Security number will not be used as your student identification number.)

### Year of entry

Fall 20 \_\_\_\_

Spring 20 \_\_\_\_ (degree completion applicants in radiation sciences and clinical laboratory sciences only)

Summer 20 \_\_\_\_ (Accelerated B.S. applicants in nursing only)

**Desired curriculum** Indicate your intended school and major

Intended school \_\_\_\_\_ Intended major \_\_\_\_\_

**Residency** All applicants must complete enclosed residency form.

Are you claiming Virginia residency?  Yes  No

**Permanent mailing address** Same as mailing address?  Yes  No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ City or county of Virginia residency \_\_\_\_\_

**Mailing address** until \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Home telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Date of birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Gender**  Male  Female

**Federal compliance information**  
(for federal reporting purposes only)

**Ethnic background** (select one or more as appropriate)

American Indian or Alaskan Native

Asian

Black or African-American

Hispanic or Latino

Native Hawaiian or other Pacific Islander

White/Caucasian

### National origin

U.S. citizen

Permanent resident alien, political asylum or refugee

**U.S. alien registration #** \_\_\_\_\_

Date issued \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year

**Native language**

English  Other

**Country of citizenship** \_\_\_\_\_



## Academic history

Have you previously applied to any degree program on the MCV Campus?  Yes  No

If yes, indicate the program, semester and year you applied:  Fall  Spring  Summer Year \_\_\_\_\_

Program \_\_\_\_\_

Have you previously attended VCU?  Yes  No

If yes, as a  Special nondegree-seeking student  Degree-seeking student

List all colleges and/or universities you have/are attending including VCU and any part-time, dual enrollment, nondegree, summer study and study abroad. List in order of attendance, beginning with the most recent. (Attach additional pages if necessary.)

Name of college or university Location (city, state)	Attendance dates from/to (month/year)	Total attempted credit hours	Degrees awarded or expected (include date)

Name of high school (or GED center)	Location (city, state)	Graduation date

## Test information

Indicate all dates on which you have taken and/or plan to take the following tests:

Test	Month/year	Month/year	Month/year
SAT/ACT (nursing applicants only)			
GRE (nursing applicants only)			
TOEFL (non-native speakers only)			
TWE (non-native speakers only)			

## Employment history

List below any jobs, including summer employment and volunteer work, you have held beginning with the most recent.

Type of job	Employer and address	Dates of employment	Hours/week

## Certification

I hereby certify that I have read the instructions for applying to VCU and that the information submitted by me on or with the application is complete and accurate. I also understand that falsification or failure to provide information requested may result in my immediate dismissal or loss of all credit from the university. My signature is my guarantee that, should I enroll, I agree to abide by all rules and policies, including the Honor System, of Virginia Commonwealth University. **Please note:** While you will work with academic advisers at VCU, submission of this application for admission serves as acknowledgment that you assume the responsibility for satisfying the university requirements for any VCU degree that you pursue.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your application will be returned if submitted without your: 1) signature and/or 2) application fee.

*Information provided in this application may be shared with other state agencies as required by law.*

# Application for Virginia In-state Tuition

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This form should be completed if you are claiming entitlement to Virginia in-state tuition pursuant to Section 23-74, Code of Virginia. Supporting documents and additional information may be requested. The completed form must accompany the Application for Undergraduate Admission.

## Part I

1. Name \_\_\_\_\_  
last first middle initial former/maiden name
2. Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Please note, while this information is not required for admission consideration, it is necessary for applicants who wish to be considered for financial aid and Hope Scholarship/Lifetime Learning tax credit to provide a Social Security number to the university.) To protect your privacy, your Social Security number will not be used as your student identification number.
4. Citizenship  U.S.  Permanent resident alien, political asylum or refugee  
 Non-U.S. If non-U.S., give visa type \_\_\_\_\_
5. Marital status \_\_\_\_\_ 6. Name of parent/legal guardian or spouse \_\_\_\_\_
7. Permanent address of parent/legal guardian or spouse \_\_\_\_\_
8. Citizenship of parent/legal guardian or spouse  U.S.  Permanent resident alien, political asylum or refugee  
 Non-U.S. If non-U.S., give visa type \_\_\_\_\_

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## Part II – Section A: Student information

1. Where have you lived in the last two years? (List current address first. Include dates.)
- | Street address | City  | State | ZIP code | From (MM/DD/YY)    | To (MM/DD/YY)      |
|----------------|-------|-------|----------|--------------------|--------------------|
| _____          | _____ | _____ | _____    | ____ / ____ / ____ | present            |
| _____          | _____ | _____ | _____    | ____ / ____ / ____ | ____ / ____ / ____ |
| _____          | _____ | _____ | _____    | ____ / ____ / ____ | ____ / ____ / ____ |

2. Do your parents/legal guardian provide 50 percent or more of your financial support or claim you as a tax dependent?  Yes  No
3. a. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile?  N/A  Yes  No
- b. If "Yes," does your spouse provide more than 50 percent of your financial support?  Yes  No
4. Do any of the following characteristics apply to you?  
(Place a check mark beside all that apply.)
- Age 24 or older as of the first day of the semester in which you intend to enroll.
  - Veteran or active duty member of the U.S. Armed Forces.
  - Graduate 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.
  - Independent student (attach federal and state tax forms).

### Directions for completing the remainder of this application

If your response to No. 2 is "Yes," stop now and go to Section B. Complete both the unshaded and shaded areas of the remainder of this application; provide your parent/legal guardian's information in the shaded areas.

If your response to No. 3b is "Yes," stop now and go to Section B. Complete both the unshaded and shaded areas of the remainder of this application; provide your spouse's information in the shaded areas.

If your response to No. 3b is "No," stop now and go to Section B. Complete the unshaded areas of the remainder of this application.

If you are unmarried and did not check any of the items in No. 4, stop now and go to Section B. Complete both the unshaded and shaded areas of the remainder of this application; provide your parent/legal guardian's information in the shaded areas.

If you are unmarried and checked any of the items in No. 4 and answered "No" to No. 2, complete only the unshaded areas of the remainder of the application.

## Part II – Section B: Domicile information

For the parent/legal guardian or spouse portion of this application, answer the questions about the parent upon whom you are dependent. **This parent/legal guardian must sign and date this application.** If you are claiming eligibility for in-state rates based on your spouse's domicile, you must answer the parent/legal guardian or spouse portion of this application about your spouse. **Your spouse must sign and date the application.**

5. Are you completing the shaded areas for your (check only one)
- Father  Mother  Legal guardian  Spouse

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## Part II – Section B: Domicile information (cont.)

For questions 6-10, if your answer is “No” to question “a,” then you must check the appropriate responses to question “b” either as “Student” or “Other” (i.e., parent, legal guardian or spouse).

	Student		Parent, Legal Guardian or Spouse	
	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 _____ Not employed _____				
Other: Another state _____ Not employed _____				
7. a. Was a tax return filed or income taxes paid to Virginia as a full- or part-year resident on all earned income for the year prior to the semester in which you will enroll?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If “No,” were taxes paid to:				
Student: Another state _____ Did not file _____				
Other: Another state _____ Did not file _____				
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 to vote in:				
Student: Another state _____ Not registered _____				
Other: Another state _____ Not registered _____				
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 _____ Not licensed _____				
Other: Another state _____ Not licensed _____				
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 _____ Not registered _____				
Other: Another state _____ Not registered _____				
11. a. Are you a member of the U.S. Armed Forces If “No,” go to question No. 12.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. Have income taxes been paid to Virginia on all military income for the last year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If “No,” have income taxes been paid to another state?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c. Does the current Leave/Earnings Statement reflect Virginia withholding?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If “Yes,” effective date of change to Virginia: Attach a copy of your LES and DD-2058.		_____ / _____ / _____		

12. a. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces? If “No,” go to question No. 13.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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"/>	Yes	<input type="checkbox"/>	No
c. Does the current Leave/Earnings Statement reflect Virginia withholding? If “Yes,” effective date of change to Virginia: Attach a copy of your LES and DD-2058.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
_____ / _____ / _____				
d. Has your parent/legal guardian claimed you as a dependent for federal and state income taxes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## Section C: Additional information

13. If your spouse is in the military, will you have:	<input type="checkbox"/>	Question 13 is not applicable
a. Resided in Virginia for the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
b. Been employed and earned at least \$10,300 during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
c. Paid income taxes to Virginia on all earned income?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
14. If you have lived outside Virginia for the past year, will you have:	<input type="checkbox"/>	Question 14 is not applicable
a. Been employed in Virginia and earned at least \$10,300 during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
b. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
15. If your parent/legal guardian is in the military, will the nonmilitary parent/legal guardian have:	<input type="checkbox"/>	Question 15 is not applicable
a. Resided in Virginia for the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
b. Been employed and earned at least \$10,300 during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
c. Paid income taxes to Virginia on all earned income?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
d. Claimed you as a dependent for federal and state income tax purposes?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
16. If your parent/legal guardian has lived outside Virginia for the past year, will the parent/legal guardian have:	<input type="checkbox"/>	Question 16 is not applicable
a. Been employed and earned at least \$10,300 during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
b. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
c. Claimed you as a dependent for federal and state income tax purposes?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

## Section D: Parent/legal guardian or spouse information

17. Where have you lived in the last two years? (List current address first. Include dates.)

Street address	City	State	ZIP code	From (MM/DD/YY)	To (MM/DD/YY)
_____	_____	_____	_____	_____/_____/_____	_____/_____/_____
_____	_____	_____	_____	_____/_____/_____	_____/_____/_____

## 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.

Applicant's signature _____	Date _____ / _____ / _____	Signature of parent/legal guardian or spouse (if required to furnish parent or spousal information) _____	Date _____ / _____ / _____
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