



Application for Readmission

Readmission is required for students who have not been enrolled in the University for three or more consecutive semesters (not including summers) and who were not on an approved leave of absence for each of the non-attending semesters. Candidates must be in good academic standing with at least a 2.0 cumulative GPA, or they must have approval from the Committee on Academic Standing. If students are unsure of their academic status, they should contact the Office of the Registrar.

Additional general information on readmission and reinstatement can be found in the Dictionary of Academic Regulations at www.umw.edu/publications/dictionary_ar_fburg/.

Information on petitioning the Committee on Academic Standing is also available at www.umw.edu/cas/acservices/students/documents/GuidelinesforPreparingaRequestforReinstatement_000.pdf.

If you have attended any other educational institution since leaving UMW, you must forward an official transcript to complete your Application for Readmission. Candidates wishing to be considered for in-state tuition must complete a new Application for Virginia In-State Tuition Rates form.

All non-United States citizens must complete the International Student Application Supplement.

PLEASE TYPE OR PRINT the information below and return this form with your non-refundable \$50 application fee to:

University of Mary Washington • Office of Admissions • 1301 College Avenue • Fredericksburg, Virginia 22401-5300

PERSONAL DATA

Legal Name _____
Enter name exactly as it appears on passports or other official documents. Last/family First Middle (complete) Jr., etc.

Prefer to be called (nickname) _____ Former last name(s) if any _____

For the term beginning ☐ Fall ☐ Spring ☐ Summer Year _____

Are you applying to live in a campus residence hall? ☐ Yes ☐ No

Birth date _____ Email address _____
Month / Day / Year

Permanent home address _____
Number and street

City or town _____ State _____ Country _____ ZIP or postal code _____

Permanent home phone _____ Cell phone _____
Area code/ number Area code/ number

If different from above, please give your mailing address for all admission correspondence.

Mailing Address (from _____ to _____)
Month / Year Month / Year Number and street

City or town _____ State _____ Country _____ ZIP or postal code _____

Citizenship ☐ U.S. citizen ☐ Dual U.S. citizen; please specify other country of citizenship _____

☐ U.S. Permanent Resident visa; citizen of _____

☐ Other citizenship _____
Country(ies) Visa type

Alien Registration Number _____

If you are not a U.S. citizen and live in the United States, how long have you been in the country? _____

All non-United States citizens must complete the International Student Application Supplement.

The form is available at www.umw.edu/admissions.

Do you wish to apply for tuition charges based on Virginia domicile? ☐ Yes ☐ No

If yes, please state your Virginia city or county of residence. _____

If yes, include the complete Application for Virginia In-State Tuition Rates with your application for readmission.

Have you ever been suspended or dismissed from any school or college? ☐ Yes ☐ No **If yes, please give full particulars on a separate sheet of paper.**
Have you ever been convicted of a crime (other than a traffic violation)? ☐ Yes ☐ No **If yes, please give full particulars on a separate sheet of paper.**

Should the answer to either of the questions above change between the time of application and enrollment at UMW, you must inform the Office of Admissions and give full particulars.

If you have discontinued your schooling for more than three months, state on an attached page exactly how you have been occupied since leaving. If you have been working, include names and addresses of employers and dates of employment.

If you have attended any other educational institution since leaving UMW, you must forward an official transcript to complete your Application for Readmission. Please list these colleges/universities and the dates attended below.

Name of College/University	Location (City, State, Country)	Degree candidate?	Dates attended
<hr/>			
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APPLICATION FEE PAYMENT

☐ \$50 Check/money order

REQUIRED SIGNATURE

I will read and accept the responsibility of the Honor Code if I am offered admission and enroll at the University of Mary Washington.
I certify that all information in my application, including my Personal Statement, is my own work, factually true, and honestly presented.
I acknowledge responsibility for all tuition and fees resulting from my acceptance of an offer of admission to the University of Mary Washington.

Signature _____ Date_____



Application for Virginia In-State Tuition Rates

University of Mary Washington • Office of Admissions • 1301 College Avenue • Fredericksburg, Virginia 22401-5300

Please submit this form to complete your Application for Admission if you are claiming entitlement to Virginia in-state tuition pursuant to section 23-7.4, Code of Virginia. Supporting documents and additional information may be requested. *All questions must be answered.*

Section A - Student Information

1) Name of applicant _____
Last First Middle

2) Social Security Number (optional) _____ 3) Date of birth _____

4) How long have you lived in Virginia? _____ year(s) _____ month(s)

5) Citizenship ☐ U.S. ☐ U.S. permanent resident ☐ Non-U.S. Please specify visa type _____ Exp. date _____ (Please provide copy of I-94)

6) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address City State ZIP code From To

7) Employment information for at least one year prior to the date for which in-state tuition rates are sought (If not employed, or if retired, please indicate.):

Street address City State ZIP code From To

8) Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent?	Yes	No	9) a.) If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile?	Yes	No	15) Did you own or operate a motor vehicle registered in Virginia during the last year?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	If no, indicate registration status:		
			b.) If Yes, does your spouse provide more than 50% of your financial support	<input type="checkbox"/>	<input type="checkbox"/>	Registered in another state _____		
				<input type="checkbox"/>	<input type="checkbox"/>	Did NOT own or operate a motor vehicle _____		
10) Do any of the following characteristics apply to you? Place a check beside all that apply. <input type="checkbox"/> Age 24 or older as of the first day of the term in which you intend to enroll <input type="checkbox"/> Veteran or active duty member of the U.S. Armed Forces <input type="checkbox"/> Graduate or first-professional student <input type="checkbox"/> Ward of the court or was a ward of the court until age 18 <input type="checkbox"/> If both parents are deceased, no adoptive or legal guardian <input type="checkbox"/> Legal dependents other than a spouse					16) Are you or your spouse an active duty member of the U.S. armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	
						If no, continue to Question 17.		
						If yes, who is a member: Self _____ Spouse _____		
						and answer the following:		
						a.) Are Virginia income taxes paid on all military income?	<input type="checkbox"/>	<input type="checkbox"/>
						If yes, as of what date? _____		
						Where were you stationed on that date? _____		
						Please submit a copy of the most recent Leave and Earnings Statement.		
						b.) If you are in the military, or if your spouse is, are you assigned to a Permanent Duty Station in Virginia?	<input type="checkbox"/>	<input type="checkbox"/>
						If yes, as of what date? _____		
						Where are you stationed? _____		
						Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing your relationship to the military member.		
11) In the last tax year did you file a state return to any state other than Virginia? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>				17) Answer this question only if you live outside Virginia but work in Virginia:		
						Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least one year prior to the term in which you will enroll?	<input type="checkbox"/>	<input type="checkbox"/>
12) For at least one year immediately prior to the term in which you are claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? If no, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>				If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.		
13) Are you a registered voter in Virginia? Date registered _____ Original _____ Re-registered _____	<input type="checkbox"/>	<input type="checkbox"/>						
14) Do you hold a valid Virginia driver's license? Date issued _____ Original _____ Renewal _____ If no, indicate your driver's license status: Hold in another state _____ Not licensed _____	<input type="checkbox"/>	<input type="checkbox"/>						

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

Signature of applicant

Date

Over, please

Section B - Parent, legal guardian, or spouse

This section must be completed by the applicant's parent, legal guardian, or spouse, who during the last tax year claimed the applicant as a dependent, or who, for the 12 months immediately preceding the first day of classes, has provided more than half of the applicant's financial support.

1) Name of ☐ Parent ☐ Legal guardian ☐ Spouse _____

2) Citizenship ☐ U.S. ☐ U.S. permanent resident ☐ Non-U.S. – Please specify visa type _____ Exp. date _____ (Please provide copy of I-94)

3) How long have you lived in Virginia? _____ year(s) _____ month(s)

4) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address

City

State

ZIP code

From

To

5) Employment information for at least one year prior to the date for which in-state tuition rates are sought (If not employed, or if retired, please indicate.):

Street address

City

State

ZIP code

From

To

Full-time/part-time

6) In the last tax year, did you file a state return to any state other than Virginia? <i>If yes, please explain:</i> _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	13) Are you or your spouse an active duty member of the U.S. armed forces? <i>If no, continue to Question 14.</i> <i>If yes, who is a member: Self _____ Spouse _____ and answer the following:</i> a.) Are Virginia income taxes paid on all military income? <input type="checkbox"/> <input type="checkbox"/> <i>If yes, as of what date? _____</i> <i>Where were you stationed on that date? _____</i> <i>Please submit a copy of the most recent Leave and Earnings Statement.</i> b.) Are you or your active-duty spouse assigned to a Permanent Duty Station in Virginia? <input type="checkbox"/> <input type="checkbox"/> <i>If yes, as of what date? _____</i> <i>Where are you stationed? _____</i> <i>Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing the applicant's relationship to the military member.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7) Will you have claimed the applicant as a dependent on your federal and Virginia income tax return for the tax year prior to the term in which the applicant will enroll? <i>If no, please explain:</i> _____	<input type="checkbox"/> <input type="checkbox"/>	14) Answer this question only if you live <i>outside</i> Virginia but work in Virginia: Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, paid Virginia income taxes on all taxable income earned in this Commonwealth, and claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant is claiming in-state status? <input type="checkbox"/> <input type="checkbox"/> <i>If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.</i>	
8) Will you have provided more than half of the applicant's financial support for at least 12 months prior to the term in which the applicant will enroll? <i>If no, please explain:</i> _____	<input type="checkbox"/> <input type="checkbox"/>		
9) For at least one year immediately prior to the term in which the applicant is claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? <i>If no, please explain:</i> _____	<input type="checkbox"/> <input type="checkbox"/>		
10) Are you a registered voter in Virginia? Date registered _____ Original _____ Re-registered _____ <i>If no, indicate your registration status:</i> Registered in another state _____ Not registered _____	<input type="checkbox"/> <input type="checkbox"/>		
11) Do you hold a valid Virginia driver's license? Date issued _____ Original _____ Renewal _____ <i>If no, indicate your driver's license status:</i> Hold in another state _____ Not licensed _____	<input type="checkbox"/> <input type="checkbox"/>		
12) Did you own or operate a motor vehicle registered in Virginia during the last year? <i>If no, indicate your auto registration status:</i> Registered in another state _____ Did NOT own or operate a motor vehicle _____	<input type="checkbox"/> <input type="checkbox"/>		

I certify that the information I have provided is true.

Signature of parent/guardian

Date