

# Graduate Reactivation

The purpose of this form is to reactivate a previous admission to Old Dominion University. Complete this form and email to [gradadmit@odu.edu](mailto:gradadmit@odu.edu).

Form modified 3/27/2015

1. **LAST** name  2. **FIRST** name  3. Initial  4. Previous name(s) or maiden name

5. Student ID #  6. Date of birth (MM-DD-YYYY)    7. Gender  M  F 8. Email address

9. (Current) Address  10. Apt.  11. City  12. State/Province

13. Zip  14. Country  15. Home phone number    16. Alternate (work, cell) phone

17. Please indicate all institutions you have **EVER** attended

Institution & city, state	Date(s) of attendance	Institution & city, state	Date(s) of attendance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

18. Date of last enrollment at ODU (MM-DD-YYYY)    19. Indicate your previous program of study:

20. Desired term of readmission  
 Fall  Spring  Summer 20

21. If you plan on taking courses at a site **OTHER THAN MAIN CAMPUS**, please indicate

22. Have you ever been academically or non-academically dismissed from any institution (including ODU) for any reason?  Yes  No

23. [If applicable] Please provide name of institution and date of dismissal

24. Are you associated with the military? If no, continue to question 24. If yes, please indicate your affiliation (check all that apply):

Active Duty  Retired  Spouse  Dependent  
 Reservist  Veteran  Honorably discharged

I understand that...  
 Yes N/A

25. It is my responsibility to notify my graduate program of my intentions.
26. I must submit all official transcripts from institutions attended during my separation to the [Office of Graduate Admissions](#).
27. If my separation has been **more than five years**, I must reapply and submit **ALL** transcripts from all institutions I've **EVER** attended to the Office of Graduate Admissions.
28. Returning students who have been separated from Old Dominion University for one calendar year or more must complete a new [Application for In-State Tuition \(Domicile Form\)](#) and send it to the [Office of the Registrar](#). Students in this category will be charged the out-of-state tuition rate when returning until the new domicile status is determined.

Signature of applicant

Print

Date

Email upon completion to [gradadmit@odu.edu](mailto:gradadmit@odu.edu)

# Disciplinary Action Form

I understand that the information in the below section is required. I further understand that, should any of my answers change after I have submitted my application, it is my responsibility to inform the Old Dominion University Office of Admissions immediately. \*

I agree

I also understand and agree that if I am offered admission to Old Dominion University and choose to enroll, I have a continuing obligation to report to the Office of Student Conduct and Academic Integrity any convictions, other than minor traffic violations, that occur subsequent to signing this application. This obligation extends during any periods of enrollment at the university. My failure to provide this information may subject me to disciplinary action under the Code of Student Conduct. \*

I agree

## Have you ever been:

Removed, dismissed or expelled from any school or academic program at the secondary or post-secondary level? \*

Yes

No

Convicted of a violation of any local, state or federal law, other than a minor traffic violation? \*

Yes

No

Convicted or received adjudication as a juvenile for a violation of any local, state, or federal law, other than a minor traffic violation? \*

Yes

No

## Are you currently:

On court-ordered supervised or unsupervised probation or under the terms of a finding under advisement? \*

Yes

No

On suspension (academic or honor) at any college or university? \*

Yes

No

If you answered yes to any of the above questions, you are required to provide a detailed explanation of each occurrence, including date and disposition, and any comments you have below:



# Application for Virginia In-State Tuition

Return To: Office of the University Registrar  
Old Dominion University  
116 Rollins Hall, Norfolk, VA 23529  
FAX: 757-683-5357 Phone: 757-683-4425  
Email: [instate@odu.edu](mailto:instate@odu.edu)

- This form must be completed if you are claiming entitlement to in-state tuition benefits pursuant to Section 23-7.4 of the Code of Virginia.
- Supporting documents and additional information may be requested.
- You **MUST** complete, sign, and submit this form before the first day of classes of the term for which you are applying.
- **All questions must be answered.** Incomplete/unsigned applications will experience delay in processing.

## SECTION A: APPLICANT (you, the student)

Term for which you are applying for Virginia Status: Fall  Spring  Summer  Year: 20\_\_\_\_\_

Application Status: First application for Virginia Instate Tuition  Applying to be reclassified

Name: \_\_\_\_\_  
(Last Name, First Name, Middle Name or Initial)

Date of Birth: \_\_\_\_\_ University ID Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(if known) (optional – for Federal reporting purposes)

Email Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### CURRENT ADDRESS

From (mm/yy): \_\_\_\_\_ Street Address: \_\_\_\_\_  
To (mm/yy) \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Country \_\_\_\_\_

### PREVIOUS ADDRESS

(Only necessary if you have lived at your current address less than two years.)

From (mm/yy): \_\_\_\_\_ Street Address: \_\_\_\_\_  
To (mm/yy) \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Country \_\_\_\_\_

1. How long have you lived in Virginia?  More than 365 days  Less than 365 days

If Less than 365 Days . . . **STOP!** . . . You are NOT eligible for Virginia in-state tuition .

Please sign and date below and return form to the Office of the Registrar.

If 365 days or more . . . Continue to Question 2.

2. Do you (the student) wish to claim in-state tuition rates based on your residency status in Virginia?

YES . . . Continue to Question 3.

NO . . . **STOP!** . . . Please sign and date below, and return form to the Office of the Registrar.

By answering "NO," you are choosing not to apply for in-state tuition rates and will be charged out-of-state tuition.

3. Citizenship:  U.S.  Permanent Resident  Non-U.S. Citizen

If non-U.S. citizen, please specify Visa Type \_\_\_\_\_ Exp. Date \_\_\_\_\_ ( please provide copy of I-94)

4. Are you (the student) a non-U.S. citizen with one of the following visa classifications: F-1, J-1, or Undocumented (no visa and not a U.S. citizen or permanent resident)?

YES . . . **STOP!** You are NOT eligible for Virginia in-state tuition privileges. Please sign below and return form.

NO . . . Continue to Question 4.

5. Are you (the student) a military dependent or are you on active duty with the military?

NO . . . Continue to Section B.

YES . . . **STOP!** Please sign, date, and return this form along with the Active Duty **OR** Military Dependent Tuition Benefit Forms you will find at the link below. Return **all** forms with requested documentation. Your tuition status will be determined based upon the information you provide. Until then, your account will display out-of-state tuition rates.

<http://www.odu.edu/ao/registrar/instate/military/index.shtml>

**Section B: STUDENT STATUS**

- 1. Will you be age 24 or older before the first day of classes? Yes  No
- 2. Are you a veteran of the U.S. Armed Forces? Yes  No
- 3. Will you be enrolled in a graduate or professional program (beyond a Bachelor’s degree)? Yes  No
- 4. Are you married? Yes  No
- 5. Are you an orphan or a ward of the court, or were you a ward of the court until age 18? Yes  No
- 6. Do you have any legal dependents (other than a spouse)? Yes  No
- 7. Did you file an individual Federal tax return last year (no one claimed you as a dependent)? Yes  No

*If you answered Yes to **any** question, go to Section C and complete for yourself.*

*If you answered No to every question . . . STOP . . . sign below and have your parent or legal guardian complete Sections C and D.*

**Section C: RESIDENCY**

**Who is completing Section C?**

Check One:  Applicant:  Parent  Spouse  Legal Guardian (please attach proof of legal guardianship)

- 1. Name: \_\_\_\_\_  

Last
First
Middle
- 2. Citizenship:  U.S.  Non-U.S. If non-U.S., give visa type: \_\_\_\_\_
- 3. How long have you lived in Virginia?  Greater than 365 days  Less than 365 days
- 4. Where have you lived in the last two years?

**CURRENT ADDRESS**

From (mm/yy): \_\_\_\_\_ Street Address: \_\_\_\_\_  
 To (mm/yy) \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Country \_\_\_\_\_

**PREVIOUS ADDRESS**

(Required if you have lived at your current address less than two years.)

From (mm/yy): \_\_\_\_\_ Street Address: \_\_\_\_\_  
 To (mm/yy) \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Country \_\_\_\_\_

- 5. Do you have the present intention to remain indefinitely in Virginia?  Yes  No
- 6. Will you have filed a tax return and paid income taxes to Virginia during the last 12 months?  Yes  No
- 7. Do you have a valid Virginia driver’s license?  Yes  No  
 If **Yes**, will you have held that license for the entire 12 months prior to the first day of applicant’s classes?  Yes  No
- 8. Are you a registered Virginia voter?  Yes  No  
 If **Yes**, will you have been a registered VA voter for the entire 12 months prior to the first day of applicant’s classes?  Yes  No
- 9. Do you own a motor vehicle that is registered in the state of Virginia?  Yes  No  
 If **Yes**, will you have owned this vehicle for the entire 12 months prior to the first day of applicant’s classes?  Yes  No

Questions 10 and 11 are for the Parent, Spouse or Legal Guardian

- 10. Will you have claimed the applicant as a dependent on your federal and Virginia income taxes during the last 12 months?  Yes  No
- 11. Will you have provided over half of the applicant’s financial support during the last 12 months?  Yes  No

**Section D: SIGNATURES**

The applicant must sign below. If **Section C** has been completed by a parent, spouse or legal guardian that person must also sign below. To “sign” this document electronically, click the signature field and enter your name and the date you are completing the form. Using this method is considered the same as your handwritten signature. You may also enter a digital signature if you have one.

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

\_\_\_\_\_  
*Signature of Applicant (student)*

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

\_\_\_\_\_  
*Signature of Parent, Spouse, or Legal Guardian*

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