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.

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

18. Date of last enrollment at ODU (MM-DD-YYYY)

19. Indicate your previous program of study:

20. Desired term of readmission
- ○ Fall
- ○ Spring 20
- ○ Summer

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

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

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- **MUST sign 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.**

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: _____ (if known) Social Security Number: _____ **(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:** ☐

Continue to page 2

	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.

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