

RADFORD UNIVERSITY OFFICE OF ADMISSIONS

Request for Reactivation of Admission Application

The Office of Admissions maintains all applications for two years. Please complete this form to update your application file in the Office of Admissions. **An application fee is not necessary to reactivate an application.**

Name _____
Last First Middle Name if different than present

Permanent Address _____
City State Zip Code

Telephone _____ Social Security Number _____

Email _____ Do you request on-campus housing? Yes _____ No _____

Semester you plan to attend: Fall _____ Spring _____ Summer I _____ Summer II _____ 20 _____

Semester you last applied to Radford University _____

Major _____ (Refer to the back for a list of majors)

Class level: _____ Freshman _____ Transfer _____ Special student taking classes while enrolled at another institution

Enrollment Information:

Please list all colleges and universities previously attended, in order of attendance. You must have an official transcript sent to the Office of Admissions from each institution attended. All institutions must be reported, whether or not credit was earned or is desired. **Failure to list all institutions previously attended may result in cancellation of admission and registration.**

College/University	City, State	Dates Attended	Degree Earned

Last academic session you attended or plan to attend before entering Radford _____
Term/Year

If no course work has been attempted since you last applied to Radford, please provide a brief statement of time lapse.

- ◆ Have you ever been convicted of, or are you currently being charged with, a criminal offense other than minor traffic violations? Yes _____ No _____ **If yes, please explain on an attached sheet.**
- ◆ Have you ever been placed on disciplinary probation, declared ineligible to register for any period of time, suspended or dismissed from any high school, college, or university? Yes _____ No _____ **If yes, please give name of institution, date of action, and fully explain on a separate sheet.**

By my signature, I certify all information supplied on my application is correct and complete and I understand that falsification of information on this application may result in termination of my enrollment. **(Your application will not be processed without your signature.)**

Signature _____ Date _____

Radford University Academic Colleges

College of Business and Economics

Accounting

Economics

Basic

International

Finance

Management

Marketing

College of Education and Human Development

Athletic Training

Exercise, Sport and Health Education

Exercise and Sport Science /

Sports Medicine

Health Education and Health

Promotion

Physical and Health Education

Teaching

Fitness, Strength, & Conditioning

Sport Administration

Nutrition and Dietetics

Dietetics

Recreation, Parks and Tourism

Outdoor Recreation

Tourism and Special Events

Recreation Therapy

Teacher Education

See Interdisciplinary Studies

under the College of

Humanities and Behavioral

Sciences

Waldron College of Health and Human Services

Communication Sciences and Disorders

Nursing

Social Work

College of Humanities and Behavioral Sciences

Criminal Justice

English

English Education*

Technical and Business Writing

Foreign Languages and Literatures

French

German

Spanish

History

History Education*

Interdisciplinary Studies

Early Childhood Education/Early

Childhood Special Education with

5th year M.S. and licensure

Elementary Education

Liberal Arts- - non-teaching

Special Education: Deaf and Hard

of Hearing with licensure in

Hearing Impairment

Special Education: General

Curriculum with 5th year M.S.

and licensure in ED, LD, & MR

Middle Education Licensure

Philosophy and Religious Studies

Philosophy

Religious Studies

Political Science

General

Public Administration & Public Service

Psychology

School of Communication

Communication

Corporate Communication &

Public Advocacy

Public Relations

Media Studies

Advertising

Journalism

Production Technology

Web Design

Social Science

Sociology

College of Science and Technology

Anthropological Sciences

Forensic Anthropology

Biology

Biology Education*

Biotechnology

Environmental Biology

General Biology

Medical Technology

Chemistry

Biochemistry

Chemistry Education*

Forensics

General Chemistry

Pre-Health Professional

Professional Chemist

Computer Science and Technology

Computer Science

Database

Networks

Software Engineering

Geology

Earth Sciences

Environmental and

Engineering Geosciences

General Geology

Geospatial Science

Environmental

Geoinformatics

Information Science and Systems

Information Systems

Web Development

Mathematics

Applied Mathematics

Mathematics Education*

Statistics

Physics

Physical Science

College of Visual and Performing Arts

Art

Art Education*

Art History and Museum Studies

Graphic Design

Studio

Dance

Design

Merchandising for Design

Design Management

Design Culture

Fashion Design

Interior Design

Music

Music

Music Business

Music Education

Music Therapy

Theatre

Pre-Major (undecided)

*Denotes programs that can be pursued for teaching licensure, not a defined degree program. If you plan to be licensed in secondary education, choose the major you would like to teach.

APPLICATION FOR VIRGINIA IN-STATE TUITION RATES

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Failure to complete and return this form to the university will result in an out-of-state classification for tuition purposes. Please contact the admissions office if you have any questions.

SECTION A - TO BE COMPLETED BY STUDENT

1. _____
Print full name **SSN**
2. How long have you lived in Virginia? _____
3. Citizenship: U.S. Non-U.S. Permanent Resident (**Please attach a copy of your green card**)
Date of VISA issue: ___/___/___ Date of VISA expiration: ___/___/___ VISA type _____
4. Where have you lived for the past two years? (List current address first)

From (mo/yr)	To (mo/Yr)	Street Address	City	State
____/____	____/____	_____	_____	_____
____/____	____/____	_____	_____	_____
____/____	____/____	_____	_____	_____
5. a. Do your parents or legal guardian provide over half your financial support or claim you as a tax dependent? YES NO **If yes, Section B must be completed by your parent or legal guardian.**
b. If you are married, do you want to claim eligibility for in-state tuition on your spouse's domicile? YES NO. **If yes, Section B must be completed by your spouse.**
6. **If you are under the age of 24, Section B must be completed** by your parent or legal guardian (court appointed). Place a check mark beside any that apply to you.
 - Veteran of active duty member of the US Armed Forces
 - Graduate/first professional student
 - Married
 - Have legal dependents other than spouse
 - Both parents deceased, no adoptive or legal guardian
 - Ward of the court until age 18 (**Court documentation required**)
7. Will you have filed a tax return or paid income taxes to any state other than Virginia? YES NO
8. For the entire twelve months prior to the term in which you enroll, will you have:
 - a. filed a tax return or paid income taxes to Virginia on all earned income? YES NO
 - b. been a registered voter in Virginia? YES NO
 - c. held a valid Virginia driver's license? YES NO If yes, date issued: ___/___/___
 - d. owned or operated a motor vehicle registered in Virginia? YES NO
9. Are you or any member of your family presently on active duty? **If no, go to Question 10.** YES NO
 - a. Will Virginia income taxes have been paid on all military income for the twelve months prior to the term you will enroll? YES NO
 - b. Is Virginia listed on your leave and earnings statement (LES)? YES NO. **Please attach a copy of your current LES.**
- 10 Will you have lived outside Virginia, worked in Virginia, earned at least the equivalent of a full time wage salary, and paid Virginia income taxes on all taxable income earned in this Commonwealth for at least twelve months prior to the term in which you will enroll? YES NO
If yes, please attach a copy of your current Virginia income tax forms.

SECTION B – PARENT, LEGAL GUARDIAN, OR SPOUSE

1. Name of parent, legal guardian, or spouse _____

2. Relationship to applicant Parent Court appointed legal guardian Spouse
(Court documents required)

3. Where have you lived for the past two years? (list current address first)
From (mo/yr) To (mo/yr) Street Address City State
_____/_____/_____ / _____ / _____ / _____

4. For the entire twelve months prior to the term in which the student will enroll, will you have:
a. been employed in Virginia YES NO
b. filed a tax return or paid income taxes to Virginia on all earned income? YES NO
c. been a registered voter in Virginia? YES NO
d. held a valid Virginia driver's license? YES NO. If yes, date issued: ___/___/___
e. owned or operated a motor vehicle registered in Virginia? YES NO

5. Are you presently in the military ? YES NO
a. Have income taxes been paid to Virginia on all military income for the past twelve months prior to the term in which the student will enroll? YES NO
b. Is Virginia listed on your leave and earnings statement (LES)? YES NO **Please attach a copy of your current LES.**
c. Are you assigned to a permanent duty station within Virginia, the District of Columbia or a state contiguous to Virginia, AND reside in Virginia?
 YES NO **Please attach a copy of your military orders.**

6. Answer this question **only** if you live outside Virginia but work in Virginia.
Will you have lived outside Virginia, worked in Virginia, earned at least the equivalent of a full-time wage salary, and paid Virginia income taxes on all taxable income in this Commonwealth for at least twelve months prior to the term in which the student will enroll? YES NO **If yes, please attach a copy of your current Virginia income tax forms.**

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.

Signature of Student

Date

Signature of Parent/Legal Guardian or Spouse
(if required to furnish parental or spouse information)

Date