



Office Use Only

I.D. _____

Fee Paid _____

Date _____

Application for Undergraduate Non-Degree

Please type or print the information below and return this form with a **non-refundable \$50 application fee to: The Office of Registrar •ATTN: Transfer Affairs •Christopher Newport University 1 University Place Newport News, Virginia 23606**

1. Full Legal Name

Last First Middle Suffix
Preferred Name: _____ **Former Name(s):** _____

2. Mailing Address:

Address Line 1

Address Line 2

City /State/ Zip

Phone: () _____

3. Permanent Address (if different from above):

Address Line 1

Address Line 2

City /State/ Zip

Phone: () _____ **Email Address:** _____

4. Social Security Number: _ _ _ - _ _ - _ _ _

5. Date of Birth: _ _ / _ _ / _ _ **6. Gender (optional):** Female Male
Month Day Year

7. Ethnicity: This information is requested for reports CNU submits to government agencies that collect data to ensure equal opportunity. You are not required to answer this question; however, your cooperation is appreciated.

African American/Black American Indian/Alaskan Native

Asian American/Pacific Islander Hispanic

White/Caucasian Other: _____

8. Are you a U.S. Citizen? Yes No

If no, country of citizenship is not U.S.: _____

Are you a Permanent Resident? Yes No

(Please attach either a copy of your alien registration identification card or a copy of your visa is applicable.)

Permanent Resident Registration #, Visa Type or Political Refugee Status:

9. Term of Entry: _____ (year)

Please check one:

- Fall (August) Spring (January-on a space available basis)
- 1st Summer Term 2nd Summer Term 3rd Summer Term

10. Have you ever been on academic probation at another school? Yes No

11. Have you previously applied for admission to CNU? Yes No

If yes, when? _____ and Did you complete classes with CNU?

12. Have you ever been convicted of a crime (other than minor traffic violations), suspended or expelled from any school? Yes No

(If yes, please explain on a separate attachment.)

13. Define which status below represents how you are applying to CNU (please check one):

- High School Student Local Citizen Senior Citizen
- University Faculty/Staff Summer-only Visiting College Student

14. Are you taking classes for: Teacher Licensure Re-certification

15. High School History (Include a copy of your official transcript)

High School (list current or most recent)	CEEB Code (if known)	City, State	Beginning Date (mm/yy)	End/Grad Date (mm/yy)

16. College or University History

Please list all colleges and/or universities you have attended/are attending, even if you withdrew, and include part-time, non-degree and summer study. List in order of attendance, beginning with the most recent. (**Concealment of college attendance may result in dismissal from CNU.**) Attach an additional sheet if necessary.

College (list current or most recent)	CEEB Code (if known)	City, State	Beginning Date (mm/yy)	End/Grad Date (mm/yy)

16. All applicants must read and sign:

Pledge of Honor

I certify that all information given on this application is true and correct. I will uphold the Honor Code and abide by all rules and regulations of the University. On my honor, I will maintain the highest possible standards of honesty, integrity, and personal responsibility. This means I will not lie, cheat, or steal, and as a member of this academic community, I am committed to creating an environment of respect and mutual trust. I understand that violation of the Christopher Newport University Honor Code will result in severe penalties, including dismissal from the University.

Signature of Applicant

Date

Signature of Parent (or Legal Guardian) (Required for students under 18)

Date

IF YOU ARE A VIRGINIA RESIDENT, YOU MUST COMPLETE THE APPLICATION FOR VIRGINIA IN-STATE TUITION RATES

Application for Virginia In-State Tuition Rates

This form should be completed 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 Sections of the form must be completed and returned with the applicant for admission.

A. Application Information

1. Name _____ 2. Social Security Number: ____ - ____ - ____

3. Are you a U.S. Citizen? Yes No Non-Permanent Resident/Visa Type: _____

4. How long have you lived in Virginia? Years ____ Months ____

5. Where have you lived in the last two years? Please list current address first:

Street Address	City	State	Zip	From (mo/yr)	To (mo/yr)
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Do your parents/legal guardian/spouse provide 50% or more of your financial support OR claim you as a tax dependent?

Yes No

If YES, sign Section D and request your parent/legal guardian/spouse to complete Section B. Section C does not have to be completed.

If NO, you must complete Sections C and D.

B. Parent, Spouse, or Legal Guardian Information

Name _____ Social Security Number: ____ - ____ - ____

Relationship to Applicant Father Mother Legal Guardian

Date of Birth: ____ / ____ / ____
Month Day Year

Phone: () _____ Email Address _____

Are you a U.S. Citizen? Yes No

If no, please list Non-Permanent Resident/Visa Type _____

How long have you lived in Virginia? Years ____ Months ____

Where have you lived in the last two years? Please list current address first:

Street Address	City	State	Zip	From (mo/yr)	To (mo/yr)
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For the twelve months prior to the term in which the applicant will enroll, will you have:

1. Filed a tax return or paid income taxes to Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Been a registered voter in Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Held a valid Virginia driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Owned or operated a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. If yes, has it been registered in Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. Did you file Virginia taxes on all taxable income earned in Virginia for the last tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you currently on active duty in the military? If no, please skip to Section D. 6a. Are you currently stationed in Virginia? 6b. Does your Leave and Earnings Statement reflect Virginia as your state of residence of this year. (If yes, please include a copy) 6c. Did you arrive with the last 365 days to Virginia? (If yes, please supply copies of orders to Virginia)	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
7. If you are active duty military, did your spouse earn at least \$10,500 in the last year, claim the applicant as a federal tax dependent, and pay income to the state of Virginia? If yes, please include a copy of the first page of your federal and state tax form.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. Student Information

For the twelve months prior to the term in which you will enroll, will you have:

1. Filed a tax return or paid income taxes to Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Been a registered voter in Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Held a valid Virginia's driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Owned or operated a vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a. If yes, has it been registered in Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Will you be age 24 before the first day of classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you a veteran of the U.S. Armed Forces or active duty military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Are you married?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are you ward of the court or were you a ward of the court until age 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Do you have legal dependents (other than a spouse)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Answer these questions only if you worked in Virginia but currently live outside of Virginia?

10. Did you file Virginia taxes on all taxable income earned in Virginia for the last tax year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. If you are currently on active duty in the military	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11a. Are you currently stationed in Virginia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11b. Does your Leave and Earnings Statement reflect Virginia as your state of residence?(If yes, include a copy of your most recent LES!)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. Signature(s)

The applicant must sign below or this application will not be processed. If Section B has been completed by a parent, spouse or legal guardian, that person's signature must also appear below.

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

Signature of Applicant Date

Signature of Parent, Spouse, or Legal Guardian Date