This application is required for students requesting curricular or non-curricular admission for credit courses.

Curricular Applicants

Reynolds is an equal opportunity institution with an “open door” admission policy. For admission, the college requires high school graduation or a General Equivalency Diploma (GED). The college does not require a minimum grade point average for high school graduates or minimum scores for GED graduates. The SAT (Scholastic Aptitude Test) is not required. High school seniors are required to submit official graduation transcripts upon completing the 12th grade. Applicants who are at least 18 years of age and who will not graduate from high school or earn their GED will be required to pass the college’s ability-to-benefit test. All health technology program applicants must be high school or GED graduates prior to enrolling. Please refer to the college Catalog for detailed information about health technology programs and how students qualify for entry into clinical courses.

Curricular Plans and Codes

Fill in the appropriate Plan Codes (available at http://www.jsr.vccs.edu/curriculum/plan_info.htm) to complete Question 24 on your application form. Transfer degrees (A.A. and A.S.) are designed to satisfy the first two years of the bachelor’s degree at four-year colleges and universities. Students will be best prepared to succeed in these programs, if they have completed a “college preparatory” curriculum in high school. The college may place students in appropriate preparatory courses. The A.A.S. degrees, certificates, and career studies certificates are not designed generally for transfer, but to prepare graduates for employment.

Dual Enrollment Students

Students who wish to enroll in Reynolds courses while still in high school should contact their guidance office for instructions and application materials. Parents of home schooled students should contact the Central Admissions and Records office for assistance by calling 523-5029. Information is available at http://www.jsr.vccs.edu/outreach/

Transient Students

Students visiting the college during the summer or other semesters and who plan to return to their home college or university should request the Transient Student Approval form. This form will serve to waive certain placement tests and prerequisites as well as to ensure that a JSRCC transcript is sent to the home institution.

International Students

Non-U.S. citizens, non-native speakers, and students with foreign education backgrounds must satisfy additional requirements. Please call the International Admission Officer at 523-5029.

Dismissed Students

Students wishing to return from academic dismissal must appeal for reinstatement to the college.

For forms and additional information, please visit an Access Center, call the Admissions and Records office, or check the college’s website http://reynolds.edu.
Virginia Community College System
Application for Admission
J. SARGEANT REYNOLDS COMMUNITY COLLEGE

1. Name: __________________________________________ _______ ___________ ____________________
   First                                      Full Middle                                      Last

2. Social Security Number: _______ _______ _______ _______ _______ _______ _______ _______ _______
   See privacy statement, which can be obtained in the Admissions Office.

3. Former Name (if any): __________________________________________ _______ ___________ ____________________
   First                                      Full Middle                                      Last

4. Birth Date (MONTH|DAY|YEAR): _______ / _______ / _______

5. a. Have you ever applied to any Virginia Community College? ❑ Yes ❑ No
   If yes, most recent year: __________________
   b. Have you ever been employed by a VCCS college? ❑ Yes ❑ No
   c. If you answered yes to 5a. or 5b. And you know your Empl ID, please provide: __________________

6. In what type of classes will you be enrolling? ❑ Yes credit classes ❑ Yes non-credit classes ❑ Yes both

7. What campus/college do you plan to attend: J. Sargeant Reynolds Community College

8. Prefix: ❑ Mr. ❑ Miss ❑ Ms. ❑ Mrs. ❑ Other: __________________

9. Suffix: ❑ Jr. ❑ Sr. ❑ II ❑ III ❑ Other: __________________

10. What term will you begin classes? 20___ Term: ❑ FALL TERM ❑ SPRING TERM ❑ SUMMER TERM

11. Home Phone (include area code): (______) __________________________

12. Mailing Address: __________________________________________ _______ ___________ ____________________
   Street Address                                      City                                      State         Zip/Postal           Country

13. If you live in Virginia, provide your city or county of residence: __________________
   If you live outside of Virginia, provide the state and/or country of residence: __________________

14. E-mail Address: __________________________________________ _______ ___________ ____________________

15. Business Phone (If employed): __________________________ ___________ Ext. _______

16. Employer Name (If employed): __________________

17. Gender: (Check one) ❑ Male ❑ Female

18. Is English your native language? (Check one) ❑ Yes ❑ No

19. Are you a U.S. citizen?: ❑ Yes ❑ No (If yes, continue to question #20)
   If no, what is your country of citizenship?: __________________

20. Racial/Ethnic Group: ❑ American Indian or Alaskan Native ❑ Asian or Pacific Islander ❑ Black
   ❑ Hispanic ❑ White ❑ Other: __________________

21. Military Information: ❑ Active Duty ❑ Active Reserves ❑ Inactive Reserves ❑ Retired
   ❑ Veteran ❑ Military Spouse ❑ Military Dependent Child Branch: __________________
22. Secondary Education:
   - High School/Agency Name: ____________________________, OR
   - Home School

   Located in: ____________________________
   City/County: ____________________________
   State: ____________________________
   Country: ____________________________

   GED or High School Graduation Date: ____________________________ (mm/yyyy)

   Anticipated Graduation Date: ____________________________ (mm/yyyy)

   Non-Graduate: Highest grade completed: __________
   Date Completed: ____________________________ (mm/yyyy)

   Type of high school diploma or certificate: ____________________________

   Please use the following types of diplomas or certificates: General Diploma (Include: Advanced Studies, Standard, Modified Standard, or GED), Other (Includes: special Diploma or Certificate of Completion), or Don’t Know.

23. Transcripts, Placement Test, SAT/ACT Scores:

   Please send any official transcripts, placement test results from other colleges, and/or SAT/ACT test scores to the college Admissions Office.

24. Do you plan to pursue a degree, certificate or diploma? □ Yes □ No

   If Yes, identify your plan of study — refer to list of plans: ____________________________
   (include sub-plan, if applicable)

   Financial Aid students must check ‘yes’ and must enroll in an approved curricular plan of study.

   If No, give your reason for taking classes: (Check only one)
   - upgrading job skills
   - developing job skills
   - exploring career options
   - pursuing personal interest or general knowledge
   - planning to pursue a degree at another college (non-degree/transfer)
   - currently pursuing a degree at another college (transient/visitor)
   - pursuing college courses while in high school

25. Colleges/Universities attended. If you have taken any college credit classes, please list all colleges attended with the most recent first. Indicate any degrees earned in the last column with an A for Associate, B for Bachelor’s, M for Master’s, D for Doctorate, or P for Professional Degree. If you have not earned a degree, leave the Degrees column blank.

<table>
<thead>
<tr>
<th>College or University</th>
<th>City, State/Country (if not USA)</th>
<th>Years Enrolled FROM — TO</th>
<th>Degrees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

26. Are you eligible to enroll at the last college attended? □ Yes □ No

27. Do you want to apply for in-state tuition? □ Yes □ No

   Selecting NO will cause you to be charged out-of-state tuition.

   Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia.

   Please contact the college admissions office if you have any questions.

   Please complete the rest of this form if you plan to pursue a credit program of study or credit classes. If you selected “non-credit”, please sign and date the application. If you wish to be considered for in-state tuition rates, certain contract rates, or are planning to apply for Senior Citizen benefits, you must also complete the application for In-State Tuition.

   Applicant’s Signature: ____________________________ Date: ____________________________

   Parent/Legal Guardian’s Signature: ____________________________ Date: ____________________________

   If under 18 years of age
Application for In-state Tuition

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia.

28. Please choose the domicile where you want to base your eligibility for in-state tuition:
   - [ ] Parent’s Domicile: Choose this option when you receive over half of your financial support or you are claimed as a tax dependent by your parents.
   - [ ] Legal Guardian’s Domicile: Choose this option if you are under the custody of a court-appointed legal guardian.
   - [ ] Spouse’s Domicile: Choose this option when you are married and want to claim eligibility for in-state tuition based on your spouse’s domicile.
   - [ ] Your Domicile: Choose this option when you want to claim eligibility for in-state tuition based on your own domicile.

29. Your Name: ____________________________________________
   Based on: [ ] You [ ] Parent’s [ ] Legal Guardian [ ] Spouse

   First: _________________________  Their First: _________________________
   Middle: _______________________   Middle: _______________________
   Last: _________________________   Last: _________________________

30. Answer the following questions.
   For the entire 12 months prior to the term in which you enroll, will
   - [ ] your Parent  [ ] your Legal Guardian  [ ] your Spouse or  [ ] you have...
   - ... continuously lived in and will continue to live in Virginia? [ ] Yes  [ ] No
   - ... filed a tax return or paid income taxes to Virginia? [ ] Yes  [ ] No
   - ... been a United States citizen? [ ] Yes  [ ] No
   - ... been a permanent alien resident? [ ] Yes  [ ] No
     If yes, enter the A#: ______________
   - ... been registered to vote in Virginia? [ ] Yes  [ ] No registered in another state
   - ... held a valid Virginia driver’s license or Virginia DMV ID? [ ] Yes  [ ] No  [ ] Registered in another state
   - ... owned or operated a motor vehicle registered in Virginia? [ ] Yes  [ ] No  [ ] Registered in another state
   - ... lived outside of Virginia, but 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? [ ] Yes  [ ] No
     If yes, paid or filed in what state? ______________________

31. Are you on active duty with the military? [ ] Yes  [ ] No
   If yes, enter the state listed on the Leave and Earnings Statement (LES) and the date when it became effective for this state: ____________________________________
   Are you stationed in Virginia pursuant to orders? [ ] Yes  [ ] No
   If yes, provide the reporting date listed on your orders to Virginia. __________________ mm/dd/yy

32. Have you retired or been discharged from the military? [ ] Yes  [ ] No
   If yes, enter the retirement or discharge date. ________________________________

33. Is your spouse on active duty with the military? [ ] Yes  [ ] No
   If yes, enter the state listed on the Leave and Earnings Statement (LES) and the date when it became effective for this state: ________________________________
   Is your spouse stationed in Virginia pursuant to orders? [ ] Yes  [ ] No
   If yes, provide the reporting date listed on your spouse’s orders to Virginia. __________________ mm/dd/yy

34. Has your spouse retired or been discharged from the military? [ ] Yes  [ ] No
   If yes, enter the retirement or discharge date. __________________ mm/dd/yy

   Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed.

   Parent/Legal Guardian Signature: ____________________________________________   Date: ___________________

JSRCC Form No. 11-0000 5/06— Page 4 of 4