



Professional Development Unit
 Advanced Professional Teacher Development & International Education
 4400 University Drive, MS; 1E8, Fairfax, VA 22030
 Phone: 703-993-3640; Fax: 703-993-9380; E-Mail: NBCR@gmu.edu

National Board for Professional Teaching Standards:
Enrollment Form for Component credits

Course: EDPD 501 6H1: National Board Component(s)		Number of Credits: 3 credits- \$500.00		
Semester: <input type="checkbox"/> Fall (Submit by Dec.1) <input type="checkbox"/> Spring (Submit by May 1) <input type="checkbox"/> Summer (Submit by July 20)		Enrollment Checklist: <input type="checkbox"/> Enrollment Form <input type="checkbox"/> Score Report <input type="checkbox"/> Payment		
Student Information				
Last Name, First, MI:				
Previous/Maiden Name, if Applicable:				
DOB:		SSN:		
Address, City, State, Zip:				
E-Mail:		Home Telephone:		
Work Telephone:		Fax Number:		
Please indicate your teaching subject area and grade level:				
Have you ever attended GMU before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				G#:
Educational History	College/University (Including GMU) Name and Address	Degree Pursued	Year Degree Completed	GPA for last 60 hours of undergraduate
Undergraduate				
Graduate				
<i>The following questions are for our information only. Your answers will not affect your enrollment status. Your cooperation is voluntary. As an equal opportunity/affirmative action institution, the university must ask you to identify yourself in the regard to these race/ethnic groups:</i>				
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race (Please mark more than one): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		Citizenship Status: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> United States <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Visa Type & Country:		

I certify that all information given on this enrollment form is true and correct, and I will read and accept the responsibility of the **Honor Code of George Mason University.**

Name:

Date:



Fairfax, Virginia 22030

Application for Virginia In-State Tuition Rates

This Form must be completed if you are claiming entitlement to Virginia in-state tuition rates pursuant to section 23.7.4, Code of Virginia. All Questions must be answered. Section A must be completed by the applicant. The parent or legal guardian must complete Section B if the applicant is under the age of 19 and unmarried or a dependent. Supporting documents and additional information may be requested.

SECTION A - APPLICANT

- Name of Applicant _____
- Social Security No. _____
- Date of Birth _____
- Citizenship: U.S. Non-U.S. (If non-U.S., indicate your status below.)
 Permanent Resident Visa (Type) _____ Other Status _____
Date Visa/Status Awarded _____ Expiration Date _____
Have you applied for a visa or status that is pending? * Yes No
- How long have you lived in Virginia? _____
- Do you maintain a Virginia domicile even though you reside outside of Virginia? Yes No
- Where have you lived for the past two years? List current address first:
From (mo./yr.) _____ To (mo./yr.) _____ Street Address _____ City _____ State _____ Zip _____

- Do any of the following apply to you? Yes No
 - Age 24 or older (as of the first day of the term in which you intend to enroll).....
 - Veteran or active duty member of the U.S. Armed Forces.....
 - Ward of the court or was a ward of the court until age 18.....
 - If both parents are deceased, no adoptive or legal parents.....
 - Graduate or professional student.....
 - Legal dependent other than a spouse.....
 - Married.....
 - If you are currently enrolled in a public college or university.....
Please list the school: _____
Are you paying in-state tuition rates?.....
 - Do your parents, spouse, or legal guardian(s) provide more than half of your financial support or claim you as dependent?.....
If yes, Section B must also be completed by parent/spouse/legal guardian
 - Have you filed a tax return or paid income taxes to any state other than Virginia during the past year?.....
 - For the 12 months prior to the term in which you will enroll, will you have ..
 - filed a tax return or paid income taxes to Virginia on all earned income?.....
 - been a registered voter in Virginia.....
 - held a valid Virginia driver's license?.....
 - Do you own or operate a motor vehicle?.....
If yes, has it been registered in any state other than Virginia during the past year?.....
 - Are you or any member of your immediate family active duty members of the U.S. Armed Forces?.....
- IF NO, GO TO QUESTION 15
IF YES, who is active duty? Self Spouse Parent/legal guardian
- Are Virginia income taxes currently paid on all military income.....
 - If your spouse or parent is in the military, will you or your nonmilitary parent have resided in Virginia and been employed and earned at least \$10,300 and paid income taxes to Virginia for the past 12 months?.....
- If yes to 14b or 14c, provide Domicile Administration with copies of the following documentation: state and federal income tax returns, current pay stub, lease/deed, military orders, and a copy of this form.**
- Are you currently living in a state other than MD, DC, PA, WV, KY, or V?
If yes, will you have worked in Virginia and earned at least \$10,300 and paid Virginia income taxes for the past 12 months?.....

If yes, provide the Appeals level with copies of the following documentation: state and federal income taxes, current pay stub, and copy of this form**

I certify under penalty of disciplinary action that the information I have provided is true.
Signature of Applicant _____
Date _____

SECTION B - PARENT, LEGAL, GUARDIAN, OR SPOUSE

- Name of parent, legal guardian, or Spouse _____
 - Citizenship: U.S. Non-U.S. (If non-U.S., indicate your status below.)
 Permanent Resident Visa (Type) _____ Other Status _____
Date Visa/Status Awarded _____ Expiration Date _____
Have you applied for a visa or status that is pending? * Yes No
 - How long have you lived in Virginia? _____
 - Do you maintain a Virginia domicile though you currently reside outside of Virginia? Yes No
 - Where have you lived for the past two years? List current address first:
From (mo./yr.) _____ To (mo./yr.) _____ Street Address _____ City _____ State _____ Zip _____
- | | Yes | No |
|---|--------------------------|--------------------------|
| 6. Have you filed a tax return or paid income taxes to any other than Virginia during the past year?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will you have claimed the applicant as a dependent on your federal and Virginia income tax returns for the year prior to the term in which the applicant will enroll?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you have provided more than half of the applicant's financial support for at least one year prior to the term in which the applicant will enroll?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. For 12 months prior to the term in which the applicant will enroll, will you have: <ol style="list-style-type: none"> filed a tax return or paid income taxes to Virginia on all earned income?..... <input type="checkbox"/> <input type="checkbox"/> been a registered voter in Virginia?..... <input type="checkbox"/> <input type="checkbox"/> held a valid Virginia driver's license?..... <input type="checkbox"/> <input type="checkbox"/> | | |
| 10. Do you own or operate a motor vehicle?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, has it been registered in any state other than Virginia during the past year?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you or your spouse active duty members of the U.S. Armed Forces?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| IF NO, GO TO QUESTION 12. IF YES, who is active duty? <input type="checkbox"/> Self <input type="checkbox"/> Spouse | | |
| a. Will Virginia income taxes have been paid on all military income for the year prior to the term in which the applicant will enroll?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If the answer to (a) is NO, will the applicant's nonmilitary parent have resided in Virginia, been employed and earned at least \$10,300, paid income taxes to Virginia, and claimed the applicant as a dependent for federal and Virginia income tax purposes for the year prior to the term in which the applicant will enroll?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are you a military member who has moved to Virginia under orders within the 12 months prior to the date that your child or spouse will begin classes?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, provide Domicile administration with copies of the following documentation: state and federal income tax returns, current pay stub, lease/deed, spouse's military orders, and a copy of this form** | | |
| 12. Are you currently living in a state other than MD, DC, PA, WV, KY, or VA?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, will you have worked in Virginia and earned at least \$10,300 and paid Virginia income taxes for the past 12 months?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| if yes provide the Domicile Administration with copies of the following documentation: state and federal income taxes, current pay stub, and a copy of this form.** | | |
- I certify that the information I have provided is true.
Signature: _____
Date: _____

*If you have a status change pending, please provide Domicile Administration with a copy of your current and pending status documentation, along with a copy of this form.
**Domicile Administration is part of the Office for the Registrar