

Send application to:

Registrar's Office  
Richard Bland College  
11301 Johnson Road  
Petersburg, VA 23805  
Questions: 804-862-6185  
Fax: 804-862-6189

**RICHARD BLAND COLLEGE**  
of the College of William and Mary  
**Registration Form**  
**(Summer and Non-Degree)**

Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
(Last) (First) (Middle)  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(City) (State) (Zip Code) Work Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ City/State of Birth \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_ If non-US, give VISA Type \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**RACE/ETHNIC AND SEX IDENTIFICATION**  
This information is solely for determining compliance with federal civil rights laws, and your response will not affect consideration of your application.  
**Gender:** \_\_\_ Female \_\_\_ Male  
**Marital status:** \_\_\_ Single \_\_\_ Married  
**Ethnic Identity (optional):** Are you Hispanic or Latino? \_\_\_ Yes \_\_\_ No  
*Select all races that apply* \_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_ Black or African American \_\_\_ White \_\_\_ Race Unknown

High School you attended \_\_\_\_\_ Last name at H.S. Graduation \_\_\_\_\_ Graduation Date \_\_\_\_\_

Location (City/State of High School) \_\_\_\_\_

If you received a G.E.D., indicate date/place received \_\_\_\_\_

**Have you previously attended Richard Bland College?**  Yes  No **If yes, what date did you last attend?** \_\_\_\_\_

List below colleges previously attended (including locations and dates). * Transcripts are not required for Non-Degree/Summer Students		
College	Location	Date(s)
College	Location	Date(s)

Other name(s), if any, under which you may have been enrolled \_\_\_\_\_

I certify that all of the information I provided on this application is true and accurate to the best of my knowledge. I also certify that I have read and that I understand all the rules and regulations as published in the Richard Bland College Catalogue, including the statement on The Honor System, and I agree to comply with and to be governed by them and by all officially announced changes.

\_\_\_\_\_  
Signature Date

**Term and Year you wish to enter RBC:**  Fall 20\_\_\_  Spring 20\_\_\_  Summer 20\_\_\_

Students should refer to the course schedule (www.rbc.edu) to determine the required tuition. Please include tuition with this application. *Seating in each class is limited and enrollment will be on a first-come, first-serve basis as applications and tuition are received by Richard Bland College.*

Course Subject	No/Sec	CRN #	Dates of Class	Time	Days	Credits	Tuition

First-Time RBC students include \$20 Application Fee  
Make check/money order payable to Richard Bland College. RBC accepts VISA/MasterCard *after* the application has been processed – Card number may be called in to the Cashier's Office at 804-862-6248 or 804-862-6213. Students whose applications include tuition and fees (checks or money orders) are added to the rosters first. (Total)

*Richard Bland College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the associate degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Richard Bland College.*

Richard Bland College is an Equal Opportunity Institution. In keeping with this policy, the College makes no distinction in the admission of students or in any other of its official activities on the basis of race, color, sex, age, religion, handicap, or national origin: All standards of the College, including those governing student employment and financial aid are applied accordingly.

# Richard Bland College In-State Tuition Application: SIDE A

MUST BE COMPLETED IN INK by the Applicant

Pursuant to Section 23-7.4 of *The Code of Virginia*, applicants must complete this form as well as the Supplemental In-State Residency Information Form. Failure to do so will result in automatic assignment of out-of-state tuition rates.

Applicant's Legal Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

## EVERY APPLICANT MUST COMPLETE SIDE A. IF A BOX IS NOT CHECKED, YOUR ANSWER IS ASSUMED TO BE "NO."

**IF YOU DO NOT CHECK "YES" TO ANY OF THE FOLLOWING QUESTIONS,** then your parent or legal guardian must complete the Supplemental In-State Residency Form (side B). Your parent or legal guardian's signature is required for the Supplemental Residency Form to be complete.

Do any of the following characteristics apply to you? (Please place an "X" in the appropriate boxes.)

- Yes.....I will be age 24 or older before the first day of classes.
- Yes.....I am a veteran of the United States Armed Forces.
- Yes.....I will be enrolled in a graduate or professional program (beyond a Bachelor's).
- Yes.....I am married.
- Yes.....I am an orphan or a ward of the court, or I was a ward of the court until age 18.
- Yes.....I do have legal dependents (other than spouse).
- Yes.....I can present clear and convincing evidence that I am self-sufficient.

If you answer "YES" to EITHER questions at the right, then your spouse must complete the Supplemental In-State Residency Form (side B). Your spouse's signature is required for the Supplemental In-State Residency Form to be complete.

- Yes.....I am married and wish to claim eligibility for in-state tuition rates based on my spouse's domicile.
- Yes.....My spouse provides over 50 percent of my financial support.

For the applicant, how long have you lived in Virginia? \_\_\_\_\_ What is your present city or county of residence? \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ If you are a non United States citizen, please indicate your type of VISA \_\_\_\_\_

Where have you lived for the past two years? List all addresses beginning with the most recent.

From (mm/yy)	To (mm/yy)	Street Address	City	State	Zip Code
___/___	___/___	_____	_____	_____	_____
___/___	___/___	_____	_____	_____	_____

Do any of the following characteristics apply to you? (Please place an X in appropriate boxes.)

<input type="checkbox"/> Yes <input type="checkbox"/> No My parent(s) or legal guardian provides 50 % of my financial support.	<input type="checkbox"/> Yes <input type="checkbox"/> No I owned or operated a motor vehicle during the past year.
<input type="checkbox"/> Yes <input type="checkbox"/> No For at least one year prior to the term in which I will enroll at Richard Bland College, I have been employed.	<input type="checkbox"/> Yes <input type="checkbox"/> No I have filed taxes to another state. (Please indicate the state to which you paid taxes.) _____.
<input type="checkbox"/> Yes <input type="checkbox"/> No For at least one year prior to the term in which I will enroll at Richard Bland College, I have filed a tax return or paid income taxes to Virginia on all earned income.	<input type="checkbox"/> Yes <input type="checkbox"/> No I am a registered voter in another state. (Please give the name of that state.) _____.
<input type="checkbox"/> Yes <input type="checkbox"/> No I am a registered voter in Virginia.	<input type="checkbox"/> Yes <input type="checkbox"/> No I do not have a valid Virginia driver's license. I have a driver's license from the state of _____.
<input type="checkbox"/> Yes <input type="checkbox"/> No I have a valid driver's license in the state of Virginia.	<input type="checkbox"/> Yes <input type="checkbox"/> No I did not own or operate a motor vehicle in this state, but I did have a motor vehicle registered in the State of _____.

- Yes  No I am a member of the United States Armed Forces at the present time.
  - Yes  No My parent or spouses presently a member of the United States Armed Forces.
  - Yes  No **I have attached a copy of the most recent *Leave and Earnings Statement* from the person who is a member of the US Armed Services.**
  - Yes  No Virginia income taxes have been paid on all military income for one year prior to the term in which I will be enrolled.
  - Yes  No My spouse is in the military. I have resided in Virginia, been employed, earned income that equates to 50 weeks x 40 hours each week X current minimum wage and paid income taxes to Virginia for at least one year prior to the term in which I will be enrolled.
  - Yes  No I/ my parent or legal guardian/my spouse have/has changed his/her state of legal residence to Virginia effective on this date \_\_\_\_\_.
- I have attached a copy of the military orders or other military-acknowledged documentation, which verifies this change.**

Answer this question only if you live outside Virginia but work in Virginia:

- Yes  No I have lived outside Virginia, worked in Virginia, earned income that equates to 50 weeks X 40 hours each week X current minimum wage, and paid Virginia income taxes on all taxable income earned in the Commonwealth for at least one year prior to the term in which I will enroll.

I certify that the above statements are true and correct to the best of my knowledge.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**(This form is not complete without a signature.)**

MUST BE COMPLETED IN INK by the parent, legal guardian, or spouse

Applicant's Legal Name: \_\_\_\_\_ Applicant's Social Security Number: \_\_\_\_\_

Name of parent, legal guardian, or spouse: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How long have you lived in Virginia? \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_ If you are a non United States citizen, please indicate you type of VISA: \_\_\_\_\_

What is your present city or county of residence? \_\_\_\_\_

Where have you lived for the past two years? List all addresses beginning with the most recent.

From (mm/yy)	To (mm/yy)	Street Address	City	State	Zip Code
___/___	___/___	_____	_____	_____	_____
___/___	___/___	_____	_____	_____	_____

**Do any of the following characteristics apply to you? (Please place an X in appropriate boxes.)**

- Yes  No I have claimed the applicant as a dependent on my federal & Virginia income taxes for the tax year prior to the term in which the applicant will enroll.
- Yes  No I have provided more than 50 percent of the applicant's financial support for at least one year prior to the term in which the applicant will enroll.
- Yes  No For at least one year prior to the term in which the applicant will enroll at Richard Bland College, I have been employed.
- Yes  No For at least one year prior to the term in which the applicant will enroll at Richard Bland College, I have filed a tax return or paid income taxes to Virginia on all earned income.
- Yes  No I have a valid Virginia driver's license
- Yes  No For at least one year prior to the term the applicant will enroll at Richard Bland College, I have owned or operated a motor vehicle in Virginia.
- Yes  No I filed taxes to another state: \_\_\_\_\_
- Yes  No I am disabled. Additional documentation may be requested.
- Yes  No I am/was on public assistance. Additional documentation may be requested
- Yes  No Other (Please explain): \_\_\_\_\_

**Military Service**

- Yes  No I am a member of the United States Armed Forces at the present time.
- Yes  No My parent or spouses presently a member of the United States Armed Forces.
- Yes  No **I have attached a copy of the most recent *Leave and Earnings Statement* from the person who is a member of the US Armed Services.**
- Yes  No Virginia income taxes have been paid on all military income for one year prior to the term in which I will be enrolled.
- Yes  No My spouse is in the military. I have resided in Virginia, been employed, earned income that equates to 50 weeks 40 hours each week X current minimum wage and paid income taxes to Virginia for at least one year prior to the term in which I will be enrolled.
- Yes  No I/ my parent or legal guardian/my spouse have/has changed his/her state of legal residence to Virginia effective on this date \_\_\_\_\_. **I have attached a copy of the military orders or other military-acknowledged documentation, which verifies this change.**

Answer this question only if you live outside Virginia but work in Virginia:

- Yes  No I have lived outside Virginia, worked in Virginia, earned income that equates to 50 weeks X 40 hours each week X current minimum wage, and paid Virginia income taxes on all taxable income earned in the Commonwealth for at least one year prior to the term in which I will enroll.

I certify that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of parent, legal guardian, or spouse

\_\_\_\_\_  
Date

**(This form is not complete without a signature.)**

**THE PARENT /LEGAL GUARDIAN/SPOUSE WHO PROVIDES MORE THAN 50% OF FINANCIAL SUPPORT FOR THE APPLICANT MUST SIGN THIS DOCUMENT.**

