

CHRISTOPHER NEWPORT UNIVERSITY

Application for Undergraduate Admission  
& Application for Virginia In-State Tuition Rates



CHRISTOPHER NEWPORT  

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UNIVERSITY



# Application for Undergraduate Admission

Please type or print the information below and return this form with a **non-refundable \$35 application fee to:**  
**Office of Admissions • Christopher Newport University • 1 University Place • Newport News, Virginia 23606-2998.**  
Make check or money order payable to: Christopher Newport University.

Please Print or Type in Black Ink.

### 1. Full Legal Name:

\_\_\_\_\_  
Last First Middle  
\_\_\_\_\_  
Preferred First Name Former Last Name (if applicable)

### 2. Permanent Address:

\_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code  
**Permanent Telephone:** ( ) \_\_\_\_\_

### 3. Mailing Address: (if different from above) Valid from: \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code  
**Current Telephone:** ( ) \_\_\_\_\_

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

### 5. E-Mail Address: \_\_\_\_\_

### 6. Gender: Female Male 7. Classification: Freshman Transfer

### 8. Term of Entry: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year Year

### 9. Notification Plan: Regular Decision Early Action (Non-binding for freshmen applying by Dec. 1)

### 10. Intended Field of Study (select from list at right)

Field of Study: \_\_\_\_\_ (Optional) Second Field of Study: \_\_\_\_\_

### 11. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Month Day Year

### 12. Citizenship:

U.S. Citizen  
 Non-U.S. Citizen;  
If so, please complete  
12a and 12b.

**12a.** Country of Citizenship: \_\_\_\_\_  
(Please attach either a copy of your alien registration identification card or a copy of your visa if applicable.)

**12b.** Permanent Resident Alien Registration #: \_\_\_\_\_

**or** Visa Type: \_\_\_\_\_

**or** Political Refugee Status: \_\_\_\_\_

**13. 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 will be appreciated.

American Indian/Alaskan Native  Asian/Pacific Islander  Black/African-American  
 Hispanic American  White/Caucasian  Other: \_\_\_\_\_

### Fields of Study:

- Art
- Biology/Pre-Health Sciences
- Pre-Health science includes
- Pre-Dentistry, Pre-Medicine,
- Pre-Optometry, Pre-Pharmacy
- Pre-Physical Therapy, and
- Pre-Veterinary Medicine
- Pre-Business Administration
- (Select a specialty if known)
- Accounting
- Economics
- Finance
- Management
- Marketing
- Chemistry
- Communication Studies
- Computer Engineering
- Computer Science
- Creative Writing
- Criminal Justice (Justice Studies)
- Education (5-Yr. Master of Arts in Teaching and Licensure)
- English
- Environmental Science
- French
- German
- History
- Information Science
- International Relations
- Journalism
- Mathematics
- Music (audition required)
- Ornamental Horticulture
- Philosophy
- Physics
- Political Science
- Pre-Law
- Psychology
- Public Administration
- Religious Studies
- Social Work
- Sociology
- Spanish
- Theater Arts
- Undecided

**14. Virginia Domicile**

Domicile is a legal concept (Section 23.7-4 of the Code of Virginia), and is the place (state) where a person resides with the unqualified intention of remaining indefinitely, and with no present intention of leaving. For military personnel, your domicile is your legal home of record.

Do you wish to apply for tuition charges based on Virginia Domicile?  Yes  No

If no, what is your state of domicile? \_\_\_\_\_

If yes, include the completed application for "Virginia-In-State Tuition Rates" form with your application for admission. (See page 6.)

**15. Have you ever been suspended or dismissed from any school or college?**  Yes  No

*(If yes, please give full details on a separate sheet.)*

**16. Please list all other colleges or universities to which you have applied or plan to apply for admission.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**17. High School History:** *(All applicants)*

Name of High School \_\_\_\_\_

City, State \_\_\_\_\_

\_\_\_\_\_ 6 Digit College Board Code: \_\_\_\_\_  
Graduation Date (Obtain from your Guidance Office or Leave Blank)

If Dual Enrolled, Name of College: \_\_\_\_\_  
City, State

**18. Dates you took or plan to take the SAT-I and/or ACT:** *(Freshman applicants only)*

Date: \_\_\_ / \_\_\_ / \_\_\_ Test: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Test: \_\_\_\_\_  
Month Year Month Year

Date: \_\_\_ / \_\_\_ / \_\_\_ Test: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_ Test: \_\_\_\_\_  
Month Year Month Year

**19. List your senior year courses. Please indicate Honors, Accelerated, Advanced Placement, International Baccalaureate or Dual Enrollment courses as H, ACC, AP, IB or DE.** *(Freshman applicants only)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**20. Please list your honors, awards, and activities:** *(Freshman applicants only)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**21. Family Information**

Applicant lives with: *(Check all that apply.)*

Father  Mother  Guardian  Spouse  Other: \_\_\_\_\_

**Name of Father/Guardian:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (      ) \_\_\_\_\_ Work Phone: (      ) \_\_\_\_\_

Employer: \_\_\_\_\_

Business Title: \_\_\_\_\_ Work email: \_\_\_\_\_

Colleges Attended: \_\_\_\_\_  
College Name Degrees Received

**Name of Mother/Guardian:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (      ) \_\_\_\_\_ Work Phone: (      ) \_\_\_\_\_

Employer: \_\_\_\_\_

Business Title: \_\_\_\_\_ Work email: \_\_\_\_\_

Colleges Attended: \_\_\_\_\_  
College Name Degrees Received

**22. List the name(s) and relationship of immediate family members that have attended CNU. Please list dates of attendance.**

Name	Relationship	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

**23. 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 Name	City, State	Last Date Attended	Degree Awarded/Expected
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**24. How did you learn about CNU?**

- College Fair     Friend     High School/College Counselor     Internet     Relative  
 CNU Representative     Alumni     Magazine/Newspaper     Other: \_\_\_\_\_

**25. International Applicants Only**

Students applying to CNU as international students who have not completed English in a U.S. high school, college or university must complete the Test of English as a Foreign Language (TOEFL). Indicate below when you have taken or will take the TOEFL:

\_\_\_\_\_

**26. All Applicants Must Read and Sign**

**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

**27. (Optional) Please provide any additional information you would like to share that will assist in the admissions process:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Application Fee Form

*Fill Out, But Do Not Remove.*

**Applicant's Name:** \_\_\_\_\_  
Last
First
Middle Initial

**Applicant's Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Semester and Year for which you are applying?**     Fall \_\_\_\_\_     Spring \_\_\_\_\_  
Year
Year

**How are you paying the non-refundable \$35 application fee?**

Check / Provide Check #: \_\_\_\_\_

Money Order / Provide Money Order #: \_\_\_\_\_

**Office Use Only**

ID#: \_\_\_\_\_

Date: \_\_\_\_\_



# 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 application for admission.

## Section 1 – Part A

1. Name of Applicant: \_\_\_\_\_  
Last First Middle

2. Social Security Number: \_\_\_\_\_

3. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

4. Citizenship:  U.S. Citizen  Permanent Resident Alien If non U.S., give Immigration Status/Visa Type: \_\_\_\_\_

5. Marital Status: \_\_\_\_\_ 6. Name of Parent/Legal Guardian or Spouse: \_\_\_\_\_

## Section 1 – Part B

1. Where have you lived in the last two years? (List current address first. Include dates.)				From	To
Street Address	City	State	Zip Code	(MM/YY)	(MM/YY)
_____	_____	_____	_____	/	Current
_____	_____	_____	_____	/	/
_____	_____	_____	_____	/	/

2. Do any of the following characteristics apply to you? Check all that apply to you:
- 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.
  - Graduate or first-time professional student.
  - Ward of the court or was a ward of the court until age 18.
  - Both parents are deceased, no adoptive or legal guardian.
  - Legal dependent other than a spouse.
3. Does your parent/legal guardian provide 50% or more of your financial support or claim you as a tax dependent?  Yes  No  
If yes, your parent/legal guardian must complete Section 2.

4. a. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile?  
 Yes  No  N/A
- b. If "Yes", does your spouse provide over 50% of your financial support?  
 Yes  No
- If your response to questions 4a and 4b are "yes", your spouse must complete Section 2 of the application based on his/her information. He/she must also acknowledge the certification and date this application.

*Please continue to Section 2: Domicile Information regardless of conditions above.*



**Section 2: Domicile Information**

Completed by:  Father  Mother  Legal Guardian

- 5. Have you been employed in Virginia the last year?  Yes  No  
 If no, were you employed in another state?  Yes  No  
 If no, were you employed?  Yes  No
- 6. Was a tax return filed or income taxes paid to Virginia on earned income?  Yes  No  
 If no, were taxes paid to another state?  Yes  No  
 If no, did you file taxes?  Yes  No  
 If no, did you make enough to file?  Yes  No
- 7. Have you been a registered voter in Virginia the last year?  Yes  No  
 If no, are you a registered voter in another state?  Yes  No  
 If no, did you register to vote?  Yes  No
- 8. Have you held a Virginia drivers license for the last year?  Yes  No  
 Date Issued \_\_\_\_\_  
 If no, do you hold a license in another state?  Yes  No
- 9. Do you own a motor vehicle?  Yes  No
- 10. If yes, has it been registered in another state other than Virginia during the last year?  Yes  No

**Section 3: Active Duty Military, Dependant Spouse/Child of Active Duty Military**

Complete this section if you (the applicant) are an Active Duty Military member or you are the dependent spouse of an Active Duty Military member

- 11. Are you a member of the U.S. Armed Forces?  Yes  No  
 If no, skip to Question # 12.
- a. If yes, have income taxes been paid to Virginia on all military income for the last year?  Yes  No  
 If no, have income taxes been paid to another state?  Yes  No
- b. Does the current Leave and Earning Statement reflect Virginia withholding?  Yes  No  
 If yes, effective date of change to Virginia  
 Date \_\_\_\_\_  
 (Submit copy of most recent Leave and Earning Statement)

- 12. Are you the spouse of a member of the Armed Forces? If no, skip to Question # 13  Yes  No
  - a. Have you resided in Virginia the past year?  Yes  No
  - b. Have you been employed and earned income of at least \$10,300 during the past year?  Yes  No
  - c. Have you paid income taxes to Virginia on all earned income?  Yes  No
  - d. Is the active duty military member residing in Virginia?  Yes  No
  - e. Does she/he have official orders assigning him/her to Virginia?  Yes  No
  - f. If so, when was the active duty military member first officially ordered to Virginia? \_\_\_\_\_  
 (If within the past 12 months, please attach a copy of the orders to this application.)

- 13. Are you the dependent child of a member of the U.S. Armed Forces?  Yes  No  
 If no, skip to Question # 14  
 If yes, will the non-military parent/guardian have :
  - a. Resided in Virginia for the last year?  Yes  No
  - b. Been employed and earned at least \$10,300 during the last year?  Yes  No
  - c. Paid income taxes in Virginia on all earned income?  Yes  No
  - d. Claimed you as a dependent for federal and Virginia income tax purposes?  Yes  No
 If yes, will the active duty military member have:
  - e. Resided in Virginia for the last year?  Yes  No
  - f. Orders assigning him/her to Virginia? If so when \_\_\_\_\_ ? (date)  Yes  No
 (If within the past 12 months, please attach a copy of the orders to this application)

**Section 4: Additional Information**

Answer this question only if you or your parent/legal guardian or spouse live outside Virginia but work in Virginia.

- 14. Have you lived outside Virginia, worked in Virginia, earned at least \$10,300 and paid Virginia income taxes on all taxable income earned for at least one year prior to the term in which you will enroll?  Yes  No  
 If yes, will the individual employed in Virginia have claimed the applicant as a dependent for federal income tax purposes for at least one year prior to the term in which you will enroll?  Yes  No

**Section 5: Certification Signature(s)**

I certify that all the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that by providing fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documents related to my application, if required.

Yes  No \_\_\_\_\_  
 Signature of Applicant Month Day Year

Yes  No \_\_\_\_\_  
 Signature of parent/legal guardian (if applicant under 24 or active duty military dependant.) Month Day Year



**Office of Admissions**

**1 University Place • Newport News • Virginia 23606-2998**

**757-594-7015 • 800-333-4268**

**[www.cnu.edu](http://www.cnu.edu)**