



# Application for Participation in the Academic Common Market

- IMPORTANT INFORMATION FOR APPLICANTS -

## **About the Academic Common Market (ACM)**

The Academic Common Market (ACM), administered by the Southern Regional Education Board (SREB), is a tuition-savings program for college students in 15 SREB states, who want to pursue degrees that are not offered by their four-year, public in-state institutions. Students can enroll in participating out-of-state, four-year public institutions that offer their degree program and pay the institution's in-state tuition rates. The following states are partners - Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. Visit [www.schev.edu/acm](http://www.schev.edu/acm) for additional information.

## **Student Eligibility Requirements**

Students may apply for ACM eligibility if they:

- Are a domiciled Virginia resident. Visit [www.schev.edu/residency](http://www.schev.edu/residency) for more information.
- Have been officially accepted or enrolled into the specific program of study offered at the out-of-state institution and this program is listed in the current Virginia ACM inventory and available to Virginia residents. Note: Students who have been "provisionally" admitted into an ACM major or who must complete coursework before they are fully admitted to the program are NOT eligible for ACM tuition benefits until they are formally accepted into the major.

## **Application and Review Process**

- Applications are accepted at any time. Students are strongly advised to submit their ACM application as soon as possible but no later than six weeks prior to their institution's deadline or the start of classes, whichever is earlier.
- Students must complete and mail the application and required supporting documents to the State Council of Higher Education for Virginia (SCHEV) at the **mailing address at the bottom of page 4 of the application** (please do not include staples or paperclips). Emailed or faxed application materials are not accepted.
- Once the application packet is received, the **initial review process can take four (4) to six (6) weeks** depending on the number of applications awaiting review.
- Applications are reviewed in the order they are received and incomplete or illegible applications will be delayed.
- If additional information is needed, an email will be sent to the email addresses provided on the application.
- If approved, SCHEV will issue a certification letter for ACM participation to both the student and institution, then the institution will either grant the student an out-of-state tuition waiver or apply the in-state rate.

### **Important Notes:**

- SCHEV is unable to accommodate requests to expedite applications.
- SCHEV does not confirm receipt of applications unless contacted.
- Waivers and in-state rates are not retroactive, except at the discretion of the institution.
- Certification is a one-time procedure provided that the institutional requirements and the student's major and residency remain unchanged.

## **Application Deadlines**

SCHEV does not impose ACM deadlines nor do we recognize deadlines set by institutions. Students should contact their institution's ACM Coordinator to inquire about set deadlines for designation of the in-state rate/ACM participant. Contact information can be found at [www.sreb.org/academic-common-market](http://www.sreb.org/academic-common-market).

*Disclaimer: As the coordinating agency for the Commonwealth of Virginia's ACM participation, the State Council of Higher Education for Virginia (SCHEV) reserves the right – at its discretion and at any time – to remove academic programs offered by Virginia institutions from the ACM and/or remove access to academic programs at out-of-state institutions offered to Virginians through the ACM. When an application is made to an out-of-state institution, Virginia domiciliary residents interested in applying for the ACM should review the online program inventory in order to determine the program's status (active or inactive). Students beginning studies at one institution or in one program with the intent to transfer to a participating institution or program are not guaranteed ACM access if the institution or program becomes ineligible during their time at the institution or in the program of origin.*

*Participating institutions and SCHEV do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability when making award decisions or reviewing appeals; any information requested for these items is for statistical purposes only.*

*Public Law 93-579, referred to as the Federal Privacy Act, requires that any federal, state, or local agency that requests an individual to disclose his Social Security number inform the individual by which statutory or other authority the number is solicited, whether that disclosure is mandatory or voluntary, and what uses could be made of it. SCHEV, as required by published regulations, requests each applicant for its student aid programs to submit a Social Security number on a voluntary basis. SCHEV uses a student's Social Security number for unique identification purposes in the application and reporting processes.*



# Application for Participation in the Academic Common Market

- PLEASE READ CAREFULLY AND TYPE (PREFERRED) OR PRINT IN INK -

## Instructions and Required Supporting Documentation

To apply, students must submit the documents below. It may be helpful to check each box as the step is completed. Please do not include staples or paperclips. Emailed or faxed application materials are not accepted.

**Completed ACM application**

Be sure to read all directions carefully. Processing of your application will be delayed unless all questions are completed, all documentation is enclosed, and the application is signed and dated by the appropriate person(s).

**Copy of college acceptance or enrollment letter stating the exact ACM-eligible major/program and start term**

The letter must be on letterhead with a signature from a college official. Do not submit letters that do not include the exact major/degree program name as listed in the ACM Program Inventory. Email or website printouts are not accepted.

**Photocopies of the three documents below supporting claim of Virginia domicile**



**FOR DEPENDENT STUDENTS:** Submit the three documents listed below for the person (*parent, legal guardian or spouse*) you list in Section D of the application.

**FOR INDEPENDENT STUDENTS:** Submit the three documents listed below for yourself.

- Valid Virginia driver's license or valid Virginia identification card;
- Pages 1 and 2 of most recent signed federal 1040 income tax form (must include handwritten signature if self-prepared and list of dependents if applicable); and
- Pages 1 and 2 of most recent signed Virginia 760 income tax form (must include handwritten signature if self-prepared).



**FOR MILITARY STUDENTS:** If you are a military dependent and the military member resides in Virginia but maintains a domicile outside of Virginia, complete the application and include photocopies of the following:

- Military member's military orders verifying active-duty military status and permanent duty station within Virginia or contiguous state;
- Documentation of military member's physical residence in Virginia (e.g., recent utility bill, lease, etc.); and
- Student's military dependent card issued by the military.

## Section A: Student Biographical and Enrollment Information

<b>Last Name</b>		<b>First Name</b>		<b>MI</b>	<b>Last Four Digits of SSN</b>	
					XXX-XX-	
<b>Date of Birth (mm/dd/yyyy)</b>	<b>Gender</b>		<b>Telephone Number</b>	<b>Email Address</b>		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE					
<b>Permanent address: Street</b>			<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>Name of ACM Institution</b>					<b>State of ACM institution</b>	
<b>Name of ACM Major/Degree Program</b>					<b>Is this an on-line program?</b>	
					<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Program Degree Level (e.g., B.S., M.A., Ph.D.)</b>		<b>Program Start Date (mm/yyyy)</b>		<b>Anticipated College Graduation Date (mm/yyyy)</b>		
<b>Term Requested for ACM Certification (Check one and specify year)</b>						
<input type="checkbox"/> FALL 20 ____ <input type="checkbox"/> SPRING 20 ____ <input type="checkbox"/> SUMMER 20 ____						

## Section B: Student Education History

	<b>Dates of Attendance</b>		<b>School/College Name</b>	<b>State</b>
	<b>From (mm/yyyy)</b>	<b>To (mm/yyyy)</b>		
<b>High School</b>				
<b>Undergraduate</b>				
<b>Undergraduate</b>				
<b>Graduate</b>				

## Section C: Student Dependency Information

**1. Are you, the student, a U.S. Citizen or U.S. National?**     YES     NO\*

\*If "NO," attach a copy of your INS documentation, including the classification and expiration date, to this application.

**2. Where have you, the student, lived in the last two years? List current address first.**

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Street	City	State	Zip Code
	<b>Today</b>				

**3. Have you, the student, resided in Virginia since birth?**     YES     NO

If "NO," when did you most recently move to Virginia and why?

mm/dd/yyyy

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**4. Are you, the student, married?**     YES     NO

If "NO," go to question 5; if "YES," respond to questions 4A and 4B below.

4A. Do you wish to claim eligibility based on your spouse's domicile?     YES     NO

4B. If "Yes," does your spouse provide more than 50% of your financial support?     YES     NO

**If you answered "YES" to both questions 4A and 4B, do not complete the remainder of Section C; continue on to Section D and complete both the unboxed "Student" and boxed "Parent/Legal Guardian/Spouse" areas of the remainder of the application with your spouse's information.**



**If you answered "NO" to question either 4A or 4B, do not complete the remainder of Section C; skip to Section E and complete only the unboxed "Student" areas of the remainder of the application.**

**5. Do any of the following characteristics apply to you, the student? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Age 24 or older as of first day of term in which you plan to enroll  | <input type="checkbox"/> Both parents deceased with no adoptive/legal guardian |
| <input type="checkbox"/> Ward of the court or was a ward of the court until age 18  | <input type="checkbox"/> Post-baccalaureate student                            |
| <input type="checkbox"/> Veteran or active-duty member of the U.S. Armed Forces   | <input type="checkbox"/> Have legal dependents other than spouse               |
| <input type="checkbox"/> Parent/legal guardian did not provide substantial financial support<br>AND did not claim me as a tax dependent for the past year |  |

**If you did not check any of the characteristics in question 5 above, continue on to Section D and complete both the unboxed "Student" and boxed "Parent/Legal Guardian/Spouse" areas of the remainder of the application with your parent/legal guardian's information.**



**If you checked any of the characteristics in question 5 above, do not complete Section D; skip to Section E and complete only the unboxed "Student" areas of the remainder of the application.**

## Section D: Parent/Legal Guardian/Spouse Information

**6. You, the student, are completing the remainder of this application for you and your (check one below):**

FATHER     MOTHER     LEGAL GUARDIAN\*     SPOUSE

<b>Parent/Legal Guardian/Spouse First and Last Name</b>	<b>Telephone Number</b>	<b>Email Address</b>

\*If "LEGAL GUARDIAN," attach a copy of court documentation to verify legal guardianship of the student, to this application.

**7. Is your parent/legal guardian/spouse a U.S. Citizen or U.S. National?**     YES     NO\*

\*If "NO," attach a copy of his or her INS documentation, including the classification and expiration date, to this application.

**8. Where has your parent/legal guardian/spouse lived in the last two years? List current address first.**

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Street	City	State	Zip Code
	<b>Today</b>				

**9. Has your parent/legal guardian/spouse resided in Virginia since birth?**     YES     NO

If "NO," when did your parent/legal guardian/spouse most recently move to Virginia and why?

mm/dd/yyyy

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## Section E: Other Domicile Information

**For questions 10 – 14, be sure to answer the B question if your response to the A question is "NO."**

	Student	Parent/Legal Guardian/Spouse
<b>10 A. Have you been employed in Virginia in the past year?</b> B. If "NO," were you employed in: If "NOT EMPLOYED" for "Student", what are your source(s) of financial support? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANOTHER STATE <input type="checkbox"/> NOT EMPLOYED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANOTHER STATE <input type="checkbox"/> NOT EMPLOYED
<b>11 A. For the most recent tax year, will (or did) you file a Virginia full- or part-year resident income tax form?</b> B. If "NO," were taxes paid to:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANOTHER STATE <input type="checkbox"/> DID NOT FILE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANOTHER STATE <input type="checkbox"/> DID NOT FILE
<b>12 A. Are you a registered voter in Virginia?</b> B. If "NO," are you registered to vote in:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANOTHER STATE <input type="checkbox"/> NOT REGISTERED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANOTHER STATE <input type="checkbox"/> NOT REGISTERED
<b>13 A. Do you hold a valid Virginia driver's license?</b> B. If "NO," do you hold a license in:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANOTHER STATE <input type="checkbox"/> NOT LICENSED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANOTHER STATE <input type="checkbox"/> NOT LICENSED
<b>14 A. Do you operate a motor vehicle registered in Virginia?</b> B. If "NO," is it registered in:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANOTHER STATE <input type="checkbox"/> DO NOT OWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ANOTHER STATE <input type="checkbox"/> DO NOT OWN
<b>15 A. Are you an active-duty member of the U.S. Armed Forces?</b> B. If "YES," does your military Leave and Earnings Statement (LES) reflect Virginia withholding? If "YES," what was the effective date of change to Virginia? (Attach a copy of your most recent LES to this application)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <div style="text-align: center; font-size: small;">mm/dd/yyyy</div>

## Section F: Certification & Signatures

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) and other applicable laws, I authorize the State Council of Higher Education for Virginia (SCHEV) and the institution I attend, or plan to attend, to disclose and receive personally identifiable information, including my Social Security Number and any other information necessary to make an ACM eligibility determination. I certify that all of the information I provided in this application is true and accurate. I agree to furnish SCHEV and the institution with additional supporting documentation related to my application, if I am asked to do so. I agree to allow SCHEV to have access to my Department of Motor Vehicle and Department of Taxation records. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal, or both. I agree to immediately notify my college or university of any name or permanent address changes.

Additionally, I have read page 1 of this application (Important Information for Applicants) and understand the following:

- SCHEV's initial review process can take 4 to 6 weeks and applications are reviewed in the order in which they are received.
- SCHEV is unable to accommodate requests to expedite applications and does not confirm receipt of applications unless contacted.
- SCHEV will contact me using the email addresses provided on this application if additional information or documentation is needed and for any other issues.
- If my application is incomplete or additional information is required, the normal processing timeframe may be extended.
- SCHEV does not recognize deadlines set by institutions; therefore, it is my responsibility to work directly with the institution if I have an issue.

→ \_\_\_\_\_  
**Signature of student/applicant** **Date**

→ \_\_\_\_\_  
**Signature of parent/legal guardian/spouse listed in Section D** **Date**

**Mail completed application and supporting documentation (see page 2 and questions 1, 6, 7 and 15) to:**

State Council of Higher Education for Virginia  
 Attention: Academic Common Market  
 101 North Fourteenth Street  
 James Monroe Building, 10th Floor  
 Richmond, Virginia 23219

**PRINT FORM**

*Emailed or faxed application materials are not accepted.*