

**Application for Kansas Resident Classification for Current Military
Personnel/Spouse/Dependents and Eligible Military Veterans/Spouse/Dependents**

(per K.S.A. 48-517, Section 3 and amended K.S.A 2015 Supp. 48-3601)

1. Please indicate the next semester student will attending Wichita State University.

Fall Semester, 20 _____ Spring semester, 20 _____ Summer Session, 20 _____

Student's Last Name, First, Middle initial _____ myWSU ID _____

Current address _____
Street and Number _____ City _____ State _____ Zip _____

PHONE: _____ email: _____

Check if you are a military: spouse dependent Name of military spouse/parent: _____

Is military person: **Active Duty** **Retired** **Reserve / National Guard**
Other _____

2. CURRENT MILITARY PERSONNEL: Please present this form in-person at 102 Jardine Hall with military ID

DoD ID or DD Form # _____ on card. _____ Expiration date _____

CAC Card Viewed by Registrar's Office staff _____ Staff member signature: _____

Current Military SPOUSE OR DEPENDENT: Please present this form in-person at 102 Jardine Hall with military dependent ID

DoD ID or DD Form # _____ on card. _____ Expiration date _____

ID Viewed by Registrar's Office staff _____ Staff member signature: _____

Students unable to present their military ID in-person, please contact jama.challans@wichita.edu.

Date: _____ **Signature of Student:** _____

3. ELIGIBLE VETERANS, or their spouses and dependents who are eligible for education benefits under any federal law authorizing education benefits for veterans, please submit this form with:

Certificate of Eligibility for Education of veteran educational benefits or Transfer of Entitlement of the veteran's educational benefits (using this benefit is not required but eligibility is required)

Letter of Intent to establish residence in Kansas

LETTER OF INTENT

With my signature below, I certify that:

- a. I have or will establish my residence in Kansas; AND
- b. I will reside in Kansas while attending Wichita State University.

Thus, pursuant to KSA 48-517, Section 3, I request Wichita State University deem me to be a resident of Kansas for the purpose of tuition and fees as a veteran who is eligible for Post-9/11 GI Bill benefits or as a spouse or dependent of an eligible veteran who has received transferred military education benefits.

Date: _____ **Signature of Student:** _____

Submit document to:

Office of the Registrar, Wichita State University, 102 Jardine Hall, 1845 Fairmount, Wichita, KS 67260-0058
(316) 978-3672 Fax: (316) 978-7999 jama.challans@wichita.edu 1/29/18