



Official Classification (ECU Use Only)	

Date	Signature

**Application for the Benefit of the In-State Tuition Rate
(As a Member of the Armed Services or Dependent Relative Thereof)**

Residency Determination, Office of Registrar, East Carolina University, Greenville, NC 27858-4353

Student's Name _____ **Entry Term** _____

Student ID Number* _____

*Completion of Item 2 of Part I or II (Student ID Number) is voluntary. It is requested by the institution solely for administrative convenience and record-keeping accuracy, and is requested only to provide a personal identifier for the internal records of this institution.

Under North Carolina General Statutes Section (G.S.) 116-143.3, certain members of the armed services and their dependent relatives may be eligible to be charged a tuition rate less than the out-of-state rate whether or not they qualify as residents for tuition purposes under G.S. 116-143.1. The pertinent law and implementing regulations are available for inspection in the Office of Registrar, 105 Whichard or <http://www.ecu.edu/cs-acad/registrar/Residency.cfm>. Included among the requirements is that the member of the armed services and the relative claiming the benefit through the service member are living together in North Carolina incident to the supporting member's active military duty and that the applicant for benefits qualifies for academic admission to this institution.

This application, in proper order, must be submitted prior to the first day of class of the first term of enrollment in each academic year for which the reduced tuition benefit is claimed.

Directions

1. Respond to all questions within the part of the form that you are to complete. If any question is not applicable to your situation, write "Not Applicable" or "N/A."
2. Print or type all responses. If necessary, write "see attached" in the space provided, and use page 4 or enclose additional sheets, numbering your responses the same as the corresponding question.
3. Be completely accurate to the best of your knowledge and understanding. Knowingly falsifying your responses may subject you to disciplinary action including dismissal from the institution. When "date" is requested, give day, month, and year. When "address" is requested, give physical location or street address, city, state, and zip code.
4. Sign and date this application where indicated to make those acknowledgments and certifications necessary to render this a viable application.
5. Attach the required affidavit(s). (See Part I, items 10 and 11, or Part II, item 11, as appropriate.)

Upon completion, attach the appropriate affidavit(s) and return to:
Residency Determination, Office of the Registrar, East Carolina University, Greenville, NC 27858-4353.

Part I. For Applicants Who Are Service Members

(If you are not a member of the armed services, skip to Part II.)

1. Applicant's Full Name _____
Rank _____ Serial Number _____
 2. Student ID Number (voluntary)* _____
 3. Date of Birth _____
 4. Check the branch of the armed services in which you are currently serving on active military duty.
 U.S. Air Force U.S. Marine Corps U.S. Coast Guard
 U.S. Army U.S. National Guard U.S. Navy
- Is this a reserve component of the indicated service? Yes No
5. What is your permanent duty station? _____
 6. What is the physical location (street address, city, state, and zip code) at which you are currently living? _____

 7. Have you been academically admitted to East Carolina University? Yes No
 8. Beginning with what academic term are you seeking the tuition benefit? _____
 9. Do the orders by which you were assigned to active military duty in North Carolina establish a date on which that duty will cease? Yes No
If "Yes," what is that date? _____
10. Attach an affidavit from the appropriate military authority attesting to your duty status and location (see attached example).

Part II. For Applicants Who Claim the Tuition Benefit as Military Dependent Relatives of Service Members

1. Applicant's Full Name _____
 2. Student ID Number (voluntary)* _____
 3. Date of Birth _____
 4. What is the physical location (street address, city, state, and zip code) at which you are currently living? _____

 5. Have you been academically admitted to East Carolina University? Yes No
 6. Beginning with what academic term are you seeking the tuition benefit? _____
 7. For the service member through whom you claim the tuition benefit, provide the following:
 - a. Full Name _____
 - b. Rank _____
 - c. Serial Number _____
 - d. Date of Birth _____
 - e. Branch of Armed Services (check one)
 U.S. Air Force U.S. Marine Corps
 U.S. Army U.S. National Guard
 U.S. Coast Guard U.S. Navy
- Is this a reserve component of the indicated service? Yes No

f. What is the permanent duty station? _____

g. What is the physical location (street address, city, state, and zip code) at which the service member currently lives? _____

8. Is the service member through whom you claim the tuition benefit in the receipt of orders for assignment outside of North Carolina? Yes No

If "Yes," what are the beginning and ending dates of that assignment?

Beginning _____ Ending _____

9. Is the service member through whom you claim the tuition benefit anticipating or knowledgeable of forthcoming orders for assignment outside North Carolina? Yes No

If "Yes," what are the beginning and ending dates of that assignment?

Beginning _____ Ending _____

10. What is your relationship to the service member through whom you claim the tuition benefit? _____

11. Attach an affidavit from the appropriate military authority attesting to your dependency status and the duty status and location of the service member of whom you are a dependent (your sponsor) (see attached example).

12. Are you currently registered with the Selective Service System? Yes No

If "no," circle one of the following exemptions you claim because you are:

- A female
- A male born before January 1, 1960
- A male less than eighteen years and one month old as of the first day of class of the first academic term for which you are seeking the military tuition benefit under this application
- A person on full-time duty in the armed services or public health service
- A nonimmigrant alien with either a current Form I-94 (other than parole or refugee status or Form I-95
- A person confined in a medical institution since otherwise first required to register
- A person under penal care or incarceration since otherwise required to register

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I hereby certify that all information I have set forth herein is true to the best of my knowledge, pursuant to my reasonable inquiry where needed.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution, but that the institution may divulge the contents of the application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am or have been in attendance at this institution.

Applicant's signature

Date

Signature of parent or guardian (if applicant is under 18 years of age)

Date

Additional Remarks

