



Office of the Registrar

East Carolina University
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**Renewal of the Benefit of the In-State Tuition Rate
(As a Member of the Armed Services or Dependent Relative Thereof)**

Applicant's Name _____ **Academic Year** _____

***ECU ID No. B** _____

***Completion of the ECU ID number is voluntary. It is requested by the institution solely for administrative convenience and record-keeping accuracy, and to provide a personal identifier for the internal records of this institution.**

Part I: Applicants who are service members (If you are not a member of the armed services and claim the in-state rate as a dependent, skip to Part II.)

1. Are you active duty? ___ yes ___ no
2. Are you retired from active duty service? ___ yes ___ no
3. Are you honorably discharged from active duty service? ___ yes ___ no (If yes to question 3, go to Part III below)

Part II: Applicants who are dependent relatives of active duty or recently retired, or honorably discharged military service members (If you are the dependent relative of a service member who has been honorably discharged, answer Part II and Part III.)

Please have the following statement signed by your active duty or retired service member sponsor.

I intend to claim the above named applicant/student as a dependent for tax purposes for tax year 2007.

Military Sponsor's signature

Date

Part III: Service member applicants who have been honorably discharged or dependent applicants of service members who have been honorably discharged

Indicate any actions you have made toward establishing residency. Please check all that apply.

- | | | |
|--|-----------|----------|
| Acquired (or renewed) NC driver's license | _____ yes | _____ no |
| Registered to vote in NC | _____ yes | _____ no |
| Filed NC state tax return for current year | _____ yes | _____ no |
| Had state income tax withheld for current tax year | _____ yes | _____ no |
| Registered or licensed a motor vehicle in NC | _____ yes | _____ no |

I certify that the information on this form is correct and complete.

Applicant's Signature _____ **Date** _____