

Kansas State University
RESIDENCY FOR TUITION & FEE PURPOSES
ELIGIBLE MILITARY VETERANS AND FAMILY MEMBERS

1. I will begin attending K-State (check one):

Fall Semester 20__ Spring Semester 20__ Summer Semester 20__

2. _____
Student's Last Name, First, MI WID (Wildcat ID) #

3. Current address _____
Street Number or Rural Route (PO Box only is not sufficient) Home Phone/Cell Phone

City State Zip Code Work Phone

4. Relationship of Student to Veteran: Self ____ Spouse ____ Dependent Child ____
Veteran's Last Name, First, MI _____

Documentation Required:

Written evidence of honorable discharge of the Veteran (DD214)

AND

Certificate of Eligibility (COE) for Educational Benefits for the student (veteran/spouse/dependent child) from the U.S. Dept. of Veteran Affairs dated within the last 6 months for student. *NOTE: To request of COE, send a request via fax, mail, or online to the St. Louis Regional Office. Fax: 314-552-9444; Mail: PO Box 66830, St. Louis, MO 63166; Online: <https://gibill.custhelp.com/app/ask/>*

Letter of Intent:

With my signature below, I certify that ALL statements below are true:

- a) I will live in Kansas during the entire time I attend Kansas State University.
- b) I plan to enroll as a student at Kansas State University.
- c) I will establish my residency in Kansas.

This signed form serves as my letter of intent to establish residency in Kansas as required by KSA 48-3601, and applicable State of Kansas regulations.

Date _____ Student Signature _____

I understand that falsified information can result in financial obligation (nonresident tuition) to, and dismissal from, the University and that making a false writing is a felony under Kansas Law (K.S.A. 21-5824). I also understand that information from my application for admission and other university records will be considered as part of this verification.

Date _____ Student Signature _____

Return to:
Admissions Office
919 Mid-Campus Dr N
119 Anderson Hall
Manhattan, KS 66506