NORTH CAROLINA ARMED SERVICES TUITION RECLASSIFICATION APPLICATION FOR VETERANS, THEIR DEPENDENTS AND SPOUSES USING CHAPTER 33 (POST-9/11 EDUCATIONAL ASSISTANCE) U.S. DEPARTMENT OF VETERANS AFFAIRS BENEFITS (CHOICE ACT)

Under North Carolina General Statutes Section (G.S.) 116-143.3A, certain veterans and other individuals entitled to federal education benefits under 38 U.S.C. Chapter 30 or 38 U.S.C. Chapter 33 may be eligible to be charged the in-state tuition rate and applicable mandatory fees for enrollment without satisfying the 12-month residency requirement under G.S. 116-143.1.

Instructions: Answer all questions completely and accurately to the best of your knowledge and understanding. This Tuition Reclassification Application requires supporting documentation (see final page of application). Your application is not complete and will not be reviewed until the Certifying Official receives both the submitted application and supporting documentation. The VA Certifying Official may require additional information or documentation that is not specifically requested in this application to make the most accurate tuition classification.

Your complete Tuition Reclassification Application and all supporting documentation must be received by the Office of Registration and Records by census day of the semester or session for which you are requesting the Veteran Choice Act tuition reclassification.

What is your Academic Department:___________________

What is your Academic Career: __Undergraduate __Graduate __NDS __Ag Institute

Are you currently enrolled at NCSU? __ Yes __No If not currently enrolled, are you applying for admission? __Yes __No

Applicant's Full Name: ____________________________ Date of Birth: ______________

Student ID Number: ____________________________ E-mail Address: ____________________________

Current mailing address:

Street Address or PO Box ____________________________ City ____________________________ State or Foreign Country ____________________________ Telephone: ____________________________

Zip ____________________________ County (if address is in NC) ____________________________

Permanent home street address (if different from above):

Street Address ____________________________ City ____________________________ State or Foreign Country ____________________________ Telephone: ____________________________

Zip ____________________________ County (if address is in NC) ____________________________

When and from what state or foreign country did you move your home to North Carolina?

Moved from:__________________________________________ Moved on (MM/DD/YYYY):__________________________________________

I am:

☐ A veteran of the armed services using Post 9/11, Chapter 33 U.S. Department of Veterans Affairs benefits.
☐ The dependent or spouse of a veteran who has been discharged from the armed services using Post 9/11, Chapter 33 U.S. Department of Veterans Affairs benefits.
☐ The dependent or spouse of an active duty service member using Post 9/11, Chapter 33 U.S. Department of Veterans Affairs benefits.
PART I. For applicants who are VETERANS OR SPOUSE/DEPENDENT OF VETERAN or who will be at the time of enrollment (Enrollment = First Day of the term).

1. Veterans date of initial entry into military service: (MM/DD/YYYY) ____________________________

2. Veterans discharge or retirement date: (MM/DD/YYYY) ____________________________

I 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 understand that knowingly falsifying my responses may subject me to disciplinary action, including dismissal from the University.

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

I acknowledge that, if I am granted the resident tuition rate based on my resident status or special employment circumstance, it is my responsibility to notify the Residency Office if a change occurs in my resident status that may render me ineligible for this benefit.

SIGNATURE: ___________________________________________ DATE: _______________________

NOTE: Please be sure to submit the following with your application:

- DD-214 with a separation date within the last 3 years, or if on active duty, copy of most recent orders
- GI Bill Certificate of Eligibility
- Proof of abode in North Carolina (lease agreement, housing contract, deed, settlement statement, letter from landlord, utility bill, etc.)