

Military Residency Form

Students have 30 calendar days after the first day of classes for each of the semesters and 30 days after the first day of classes for the summer full-session term to submit this form with complete documentation to be reviewed for residency for that semester/ term. The date is published in the Registration Information Guide and on the Admission's Office webpage <u>https://washburn.edu/admissions/paying-for-college/Residency/index.html</u>

Name				WIN		
Address						
	Street		City		Zip	
Daytime	e Phone			Email		
Circle the	e term for which you are a	pplying: Fall/Sprin	ng/Summer, Year	Circle your	classification: Un	dergrad/Grad/Law
	ou currently serving in the orces? Yes No	US Armed Force	s or are you a spot	ise or dependent o	f a person currently	y serving in the US
	u a veteran of the US Arm Branch					
If no, are	you the spouse or a depen	ident of a veteran	of the US Armed F	orces?	Yes	No
4. Have y	you or your spouse or guar	dian been discharg	ged from the US A	rmed Forces withi	n the last 3 years?	Yes No
Please pr	ovide separation date					
5 Have 1	ou or your spouse or guar	dian anrollad in co	ourses at Washbur	h University or W	shhurn Tech? Ves	No
5. 11ave y	fou of your spouse of guar	dian enroned in co		i Oniversity of wa		NO
Please pr	ovide enrollment date					
Docum	entation Required					
1.	Current active duty servi	ce members (or th	e spouse or depen	dent receiving ben	efits) of the US Ar	med Forces must
	Current active duty service members (or the spouse or dependent receiving benefits) of the US Armed Forces must provide a copy of a DD-214, or NG-15 or military orders with this form.					
2.	Disabled or retired veterans, (or spouse or dependent of retired or disabled veterans) receiving benefits must provide a co of the veterans' DD-214 with this form.					
3.	Spouses or dependents must provide written evidence of required relationship to the veteran (i.e. adoption, birth or					
	marriage certificates)					
4.	Applicant must provide a copy of the Certificate of Eligibility for Military Education Benefits received from VA Education and Training.					
5.	Provide documentation to indicate the veteran/spouse/dependent lives or will live in Kansas while attending the state					
	educational institution. (license, property t	ax receipt, etc.) C	ontact the Student One
6	Stop for questions regard I intend to make Kansas			the information of	this Military Pasi	denov Form is correct
6.	I Intend to make Kansas	my permanent nor	the and certify that	the information of	i tills Willitary Kesi	dency Form is correct.
Student	ent SignatureDate					
	Please submi	t the form and all	documentation (o the Student On	e Stop in Morgan	Hall.
For of	fice use only: App	roved	Declined			
Term:	Cont	inuing Student	□ New Student	Processed by: _	Proces	s date:
	□ SGASTDN/SFAREGS	□ SAAADMS	□ SOATEST	D SOAHOLD	□ Sent to FA/BO	• Email