

EMPORIA STATE
UNIVERSITY

KANSAS BOARD OF REGENTS

**Application for Kansas Resident Classification for Current Military
Personnel/Spouse/Dependents and Eligible Military Veterans/Spouse/Dependents**

(per K.S.A. 48-517, Section 3 and amended K.S.A 2015 Supp. 48-3601)

1. Please indicate the next semester student will be attending Emporia State University.

Fall Semester, 20_____ Spring Semester, 20_____ Summer Session, 20_____

Student's Last Name, First, Middle initial _____ my ESU ID _____

Current address _____
Street and Number _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Check if you are a military: spouse dependent Name of military spouse/parent: _____

Is military person: Active Duty Retired Reserve / National Guard
 Other _____

2. **CURRENT MILITARY PERSONNEL:** Please present this form in person at Plumb Hall 108 with military ID

DoD ID or DD Form # _____ on card _____ Expiration Date _____
 CAC Card Viewed by Registrar's Office Staff Staff Member Signature: _____

Current Military SPOUSE OR DEPENDENT:

Please present this form in-person at Plumb Hall 108 with military dependent ID

DoD ID or DD Form # _____ on card _____ Expiration date _____
 ID Viewed by Registrar's Office Staff Staff Member Signature: _____

Students unable to present their military ID in-person, please contact adingman@emporia.edu

Date: _____ Signature of Student: _____

3. **ELIGIBLE VETERANS, or their spouses and dependents,** who are eligible for education benefits under any federal law authorizing education benefits for veterans, please submit this form with:

- Certificate of Eligibility for Education of veteran educational benefits or Transfer of Entitlement of the veteran's educational benefits (using this benefit is not required but eligibility is required)
 Letter of Intent to establish residence in Kansas

LETTER OF INTENT

With my signature below, I certify that:

- a. I have or will establish my residence in Kansas; AND
b. I will reside in Kansas while attending Emporia State University.

Thus, pursuant to KSA 48-517, Section 3, I request Emporia State University deem me to be a resident of Kansas for the purpose of tuition and fees as a veteran who is eligible for Post-9/11 GI Bill benefits or as a spouse or dependent of an eligible veteran who has received transferred military education benefits.

Date: _____ Signature of Student: _____

Submit document to:

Office of the Registrar, Emporia State University, Plumb Hall 108, 1 Kellogg Cir., Emporia, KS 66801
(620) 341-5211 Fax: (620) 341-5517 residency@emporia.edu