

**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 attending Wichita State University.**

Fall Semester, 20 \_\_\_\_\_ Spring semester, 20 \_\_\_\_\_ Summer Session, 20 \_\_\_\_\_

Student's Last Name, First, Middle initial \_\_\_\_\_ myWSU 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 \_\_\_\_\_

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**2. CURRENT MILITARY PERSONNEL: Please present this form in-person at 102 Jardine Hall 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 102 Jardine Hall 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 [jama.challans@wichita.edu](mailto:jama.challans@wichita.edu).

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

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**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 Wichita State University.

**Thus, pursuant to KSA 48-517, Section 3, I request Wichita 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, Wichita State University, 102 Jardine Hall, 1845 Fairmount, Wichita, KS 67260-0058  
(316) 978-3672 Fax: (316) 978-7999 [jama.challans@wichita.edu](mailto:jama.challans@wichita.edu) 1/29/18