



Office of the Registrar, James Hall—First Floor
Office of Undergraduate Admissions, James Hall—First Floor
The Graduate School, James Hall—Second Floor

**APPLICATION FOR THE BENEFIT OF A REDUCED TUITION RATES AS A MEMBER OF
THE ARMED SERVICES OR DEPENDENT RELATIVE**

This application and all supporting documentation is due by 5:00 P.M. on the first day of classes, as listed in the academic calendar, for the term in which residency classification is sought.

PLEASE RETURN TO:

Prospective Undergraduate Student

Office of Admissions
UNC Wilmington
601 South College Road
Wilmington, NC 28403-5904
undergradresidency@uncw.edu

Current Undergraduate Student

Registrar's Office
UNC Wilmington
601 South College Road
Wilmington, NC 28403-5618
registrar@uncw.edu

**Current/Prospective
Graduate Student**

Graduate School
UNC Wilmington
601 South College Road
Wilmington, NC 28403-5955
gradresidency@uncw.edu

Under North Carolina General Statutes Section (G.S.) 116-143.3 certain members of the armed services and their dependent relatives may be eligible to be charged a tuition rate less than the out-of-state rate whether or not they qualify as residents for tuition purposes under G.S. 116-143.3. The pertinent law and implementing regulations are available for inspection online and at the Reserve Desk in Randall Library and may be examined upon request. Included among the requirements is that the member of the armed services and a relative claiming the benefit through a member are living together in North Carolina incident to the supporting member's active military duty and that the applicant for the benefit qualifies for academic admission at the pertinent institution.

1. **ANSWER ALL QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED.** If a question is not applicable to your situation, type "Not Applicable" or "N/A."
2. **TYPE ALL RESPONSES.** If you need more space to answer, type "see attached" in the space provided, and use separate additional sheets, numbering your responses the same as the corresponding question and send these sheets with this application form.
3. **BE COMPLETELY ACCURATE** to the best of your knowledge and understanding. Knowing falsification of your responses may subject you to disciplinary action including dismissal from the institution. When "date" is requested, give month, day, and year.
4. **SIGN AND DATE** this application where indicated to make those acknowledgements and certifications necessary to render this a viable application.
5. **ATTACH THE REQUIRED AFFIDAVIT(S).**
(See Part I, item 7, or Part II, item 7, as appropriate.)

You may review the residence manual for statutory and related regulatory conditions online at:

http://uncw.edu/admissions/documents/NCResidenceManual_Aug2010.pdf

Applicant's Full Name

Date of Birth _____

Major/Program of Study _____

FOR OFFICE USE ONLY:

STATUS: IN-STATE OUT-OF-STATE

TERM: _____

DATE OF MEETING: _____

COMMENTS: _____

PART I. FOR APPLICANTS WHO ARE THEMSELVES SERVICE MEMBERS.

(If you are not a member of the Armed Services, skip to Part II.)

1. Rank _____

Military ID Number _____

2. Please select one of the following armed services in which you are currently serving on active military duty:

Is this a Reserve Component of the indicated service?

3. What is your permanent duty station? _____

4. Have you been academically admitted to this institution?

5. Beginning with what academic term are you seeking the tuition benefit?

Semester: _____ Year: _____

6. Do the orders by which you were assigned to active military duty in North Carolina establish a date on which that duty will cease?

If "Yes," what is the date? _____

7. **ATTACH** an affidavit, **ON PRE-PRINTED MILITARY LETTERHEAD**, from the appropriate military authority attesting to your duty status and location. For an example, click [here](#).

PART II. FOR APPLICANTS WHO CLAIM THE TUITION BENEFIT AS DEPENDENT RELATIVES OF ACTIVE DUTY SERVICE MEMBERS.

1. Have you been academically admitted to this institution?

2. Beginning with what academic term are you seeking the tuition benefit?

Semester: _____ Year: _____

3. For the service member through whom you claim the tuition benefit, provide the following:

A. Full Name _____

B. Rank _____

C. Military ID Number _____

D. Date of Birth _____

E. Branch of Service:

Is this a Reserve Component to the indicated service?

F. Permanent Duty Station _____

4. Do the orders by which the service member was assigned to active military duty in North Carolina establish a date on which that duty will cease?

If "Yes," what is the date? _____

5. Is the service member through whom you claim the tuition benefit in receipt of orders of permanent assignment outside of NC?

If "Yes," what is the beginning date of the assignment? _____

6. What is your relationship to the service member through whom you claim the tuition benefit?

7. **ATTACH** an affidavit, **ON PRE-PRINTED MILITARY LETTERHEAD**, from the appropriate military authority attesting to your military dependency status and the duty status and location of the service member whose dependent you are (your sponsor). For an example, click [here](#).

8. Are you currently registered with the Selective Service System?

If "No," state why you are not so registered. (NOTE: All male citizens born on or after January 1, 1960, who are 18 but not yet 26 years old must register with the Selective Service System.)

STUDENT ATTESTATIONS:

Check each box below to indicate that you have read and understand these statements. **Failure to initial by each statement below will result in your application being returned and will delay processing.**

1. I have answered all questions. If any question was not applicable to my situation, I have written "N/A." Whenever "date" is requested, I have given month/day/year as accurately as possible. I understand that failure to answer all questions may result in the application being returned to me thus delaying a decision relative to my residence-and-tuition status.
2. I have typed all responses.
3. I have been completely accurate to the best of my knowledge and understanding. Further, I understand that knowing falsification of my responses may subject me to disciplinary action, including dismissal from the institution.
4. I have signed and dated this application where indicated. I understand that failure to make the necessary acknowledgements and certifications renders this an invalid application.
5. I understand that all applications and all supporting documents must be submitted to the appropriate department by the **FIRST DAY OF CLASS** for the academic term for which I wish to be considered.

Type Initials

_____ 6) I understand that within 5 working days of submission of this form that the review process will begin.

Type Initials

_____ 7) I understand that the burden of proof is on me, the applicant, to demonstrate that I qualify for the benefit of a reduced tuition rate as a member of the armed services or a dependent relative.

Type Initials

_____ 8) I have attached an **AFFIDAVIT**, on **PRE-PRINTED MILITARY LETTERHEAD** from the appropriate military authority attesting to my duty status and location or, if a dependent, attesting to the duty status and location of the service member whose dependent I am.

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

PLEASE PRINT THIS DOCUMENT AND SIGN BELOW.

Signature of Applicant _____

Date _____