

**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)*

1. Please indicate the next semester student will attending Fort Hays State University.

Fall Semester 20 \_\_\_\_\_ Spring Semester 20 \_\_\_\_\_ Summer Semester 20 \_\_\_\_\_

Student's Name: Last Name, First, Middle initial \_\_\_\_\_ Tiger ID \_\_\_\_\_

Current address: \_\_\_\_\_  
Street and Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

If spouse/dependent, list 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 302 Picken Hall with military ID

ID Viewed by Registrar's Office staff Staff member signature: \_\_\_\_\_

**CURRENT MILITARY SPOUSE OR DEPENDENT:**

Please present this form in-person at 302 Picken Hall with military dependent ID

ID Viewed by Registrar's Office staff Staff member signature: \_\_\_\_\_

Students unable to present their military ID in-person, please contact [registrar@fhsu.edu](mailto:registrar@fhsu.edu).

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

3. **ELIGIBLE VETERANS, their spouses and dependents who qualify for Post 9/11 benefits**, please submit this form with:

- Certificate of Eligibility for Education under the Post-9/11 GI Bill or Transfer of Entitlement of the Post-9/11 GI Bill (using this benefit is not required but eligibility is required)
- DD214  proof of relationship to veteran  Letter of Intent to establish residence in Kansas (below)

**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 Fort Hays State University.

Thus, pursuant to KSA 48-517, Section 3, I request Fort Hays 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.

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

*Submit document to:*

Registrar's Office, Fort Hays State University, 302 Picken Hall, 600 Park Street, Hays, KS 67601  
(785) 628-4222 Fax: (785) 628-4085 [registrar@fhsu.edu](mailto:registrar@fhsu.edu)