

**Application for Kansas Resident Classification for Current Military  
Personnel/Spouse/Dependents and Eligible Military Veterans/Spouse/Dependents**  
(per K.A.R 88-3-8A and K.S.A. 2017 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 / Kansas National Guard  
☐ Other \_\_\_\_\_

**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 [residency@wichita.edu](mailto:residency@wichita.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 Wichita State University.

**Thus, pursuant to K.S.A. 88-3-8a, 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 military education 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 [residency@wichita.edu](mailto:residency@wichita.edu) 7/10/25