

Residence Classification Information for Tuition Purposes Application

Veteran and Military affiliated Students

For use by PWL Veteran and Military Success Center Only

Requested residence status change beginning semester: _____ Effective Term _____ Campus: _____

SECTION I: STUDENT DATA

Student PUID # _____

A. Name: _____ Purdue email: _____@purdue.edu
(Last) (First) (Middle)

B. Date of Birth: ____/____/____
(mm/dd/yy)

C. U.S. Citizen: ☐ Yes ☐ No If you answered no, are you a permanent Resident: Yes ____/____/____
(Resident number) (Date Issued)

D. Current Military affiliated Student Status: ☐ New Student ☐ Continuing Student ☐ Re-Entering Student ☐ Transfer Student
(Check all that apply) ☐ Graduate ☐ Undergraduate ☐ Professional ☐ Non-Degree

E. Local Indiana Address: _____
(Number) (Street) (Apt #)

(City) (State) (Zip) Telephone (_____) _____
(Area Code)

F. Current/ Permanent Address: _____
(Number) (Street) (Apt #)

(City) (State) (Zip) Telephone (_____) _____
(Area Code)

G. Category applying for Resident Classification change:
(Check correct category)

1. The Veterans Access, Choice, and Accountability Act & Choice Act

If yes: ☐ Section 702 ☐ Section 417 ☐ Section 301 ☐ Section 1095

2. Non-Resident Veteran: Living in Bordering States (IL/ KY/ OH/ MI) (online only)

If yes: ☐ Military Member Branch _____ Date of Discharge ____/____/____
☐ Section 702 ☐ Section 417 ☐ Section 301 ☐ Section 1095 (mm/dd/yy)

3. Active-Duty Military Personnel and their Dependents

If yes: ☐ Military Member Branch _____ Unit Location: _____
☐ Dependent (☐ Spouse ☐ Child) (City) (Zip Code)

4. Indiana National Guard and United States Military Reserves

If yes: ☐ Indiana National Guard ☐ Reservist Branch _____ Unit Location: _____
(City) (Zip Code)

5. Resident Veterans and their Dependents Living in Indiana

If yes: ☐ Military Member Branch _____ Date of Discharge ____/____/____
☐ Dependent (☐ Spouse ☐ Child) (mm/dd/yy)

6. Military Personnel Serving on USS Indiana (SSN-789)

If yes: Dates of Service: Report Date: ____/____/____ Transfer Date: ____/____/____
(mm/dd/yy) (mm/dd/yy)

SECTION II: CERTIFICATION

By signing this application, I understand that for resident consideration, I must apply **no later than fifteen (15) business days** after the first day of the start of classes for the academic session for which resident classification is sought.

I understand that a student or prospective student who shall knowingly provide false information or shall refuse to provide or shall conceal information for the purpose of improperly achieving resident student status shall be subject to the full range of penalties, including expulsion, provided for by the university, as well as other penalties that may be prescribed by the law. I affirm, under the penalties for perjury, that the following representations, including information related to my citizenship status and/or presence in the United States, are true.

I, _____, certify and affirm, under the penalties for perjury, that I have read the foregoing form entitled *Residence Classification Information for Tuition Purposes* and that the responses and information contained therein are true, accurate, and complete.

(Signature of Student)

____/____/____
(Month/Day/Year)