



Veterans, Spouses and Dependents
Form for Determination of Tuition Charges

Pursuant to *Title 4, Chapter 15, Sections 3 and 4* of the Board of Regents *Handbook*, non-resident tuition may not be charged to certain veterans of the Armed Forces of the United States and their spouses and dependents and certain individuals using transferred benefits under the Post-9/11 Veterans Education Assistance. For an NSHE institution to determine eligibility based on military service, current and new students must complete this information request form and return it with the required documentation via mail, fax, or in person to the Registrar/Admissions Office at the NSHE institution that you are currently attending or applying to attend.

Name _____ DOB _____ NSHE-ID _____
Signature _____ Date _____

NEVADA LAW/ BOARD OF REGENTS POLICY

Please check the box or boxes that may apply and attach the required documentation

- I am a former member of the Armed Forces of the United States* who was relocated from Nevada as a result of a permanent change of duty station pursuant to military orders. In addition, I was a resident of Nevada prior to leaving the state as a member of the Armed Forces, maintained Nevada residency while a member of the Armed Forces; and returned to the State of Nevada within one year of leaving the Armed Forces. *(Provide a copy of DD-214. Institutions may also request additional documentation in support of each of these conditions.)*
- I am a veteran of the Armed Forces of the United States* who was honorably discharged and who on the date of discharge was on active duty stationed either in Nevada or as a Marine stationed at the Marine Corps Mountain Warfare Training Center at Pickel Meadows, California, pursuant to military orders. *(Provide a copy of DD-214)*
- I am a veteran of the Armed Forces of the United States* who was honorably discharged. *(Provide a copy of DD-214)*
- I am a veteran of the Armed Forces of the United States who has been awarded the Purple Heart. *(Institutions may request documentation to verify Purple Heart recipient status.)*

* Pursuant to *Title 4, Chapter 15, Section 2* (Definitions), "Armed Forces of the United States" means the Army, the Navy, the Air Force, the Marine Corps and the Coast Guard, on active duty and does not include the National Guard or other reserve force, with the exception of active members of the Nevada National Guard.

IF YOU CHECKED ONE OF THE BOXES ABOVE, DO NOT PROCEED TO PAGE 2.

UNLV	UNR	NSU	CSN	GBC	TMCC	WNC
Office of the Registrar Student Svcs Complex Bldg. C Ph: (702) 895-3443 Fax: (702) 895-1118 registrar@unlv.edu	Office of Admissions & Records Ph: (775) 784-4700 Fax: (775) 784-4283 mynevada@unr.edu	Office of the Registrar Ph: (702) 992-2110 Fax: (702) 992-2111 registrar@nevadastate.edu	Office of the Registrar Charleston (702) 651-5610 North Las Vegas (702) 651-4060 Henderson (702) 651-3030 Registrar@csn.edu	Office of Admissions & Records Ph: (775) 753-2102 Fax: (775) 753-2311 admissions@gbcnv.edu	Office of Admissions Ph: (775) 673-7042 Fax: (775) 673-7028 admissions@tmcc.edu	Office of Admissions & Records Ph: (775) 445-3277 Fax: (775) 445-3147 admissions.records@wnc.edu

Veterans, Spouses and Dependents
Form for Determination of Tuition Charges (continued)

FEDERAL LAW: SECTION 702 OF THE 2014 CHOICE ACT/38 U.S.C. 3679(c)

If you checked one of the boxes below for covered individuals under this category, you must **sign** the statement below **AND provide** the following information/documentation:

1. A physical address in Nevada: _____ ;
2. For veterans and spouses, dependents and other individuals using veteran-related benefits **except** individuals using transferred benefits described under #3:
 - A Certificate of Eligibility issued by the United States Department of Veterans Affairs or similar documentation verifying eligibility; and
3. For individuals using transferred benefits under the Post-9/11 Veterans Educational Assistance Act **and** the transferor is still a member of the uniformed services who is on active duty:
 - Documentation verifying the transfer of the benefits; and
 - Documentation verifying the transferor is still a member of the uniformed services who is on active duty.

Statement:

I affirm that I am living in Nevada and intend to become a bona fide Nevada resident.

Signature:

Date:

Covered Individuals living in Nevada:

- I am a veteran with a discharge or release from a period of not fewer than 90 days of service in the active military, naval, or air service, including the reserve components thereof and the National Guard; **and** I am pursuing a course of education with educational assistance under Chapter 30 (All-Volunteer Force Educational Assistance Program), Chapter 33 (Post-9/11 Veterans Educational Assistance Act) of Title 38, *United States Code*.
- I am an individual using transferred benefits under the Post-9/11 Veterans Educational Assistance Act **and** the transferor's discharge was from a period of active-duty service of 90 days or more.
- I am an individual using transferred benefits under the Post-9/11 Veterans Educational Assistance Act **and** the transferor is a member of the uniformed services who is still on active duty.
- I am an individual using benefits under the Marine Gunnery Sergeant John David Fry Scholarship ("Fry Scholarship").
- I am an individual using benefits under the Survivors' and Dependents' Educational Assistance (DEA) program (Chapter 35 of Title 38 of the United States Code).
- I am an individual using benefits under Chapter 31 (VA Veterans Readiness and Employment).

ADDITIONAL FEE WAIVER AND BENEFITS

Additional fee waivers and benefits may also be available to individuals who have served in the military and their family members, including members of the Nevada National Guard and eligible veterans awarded the Purple Heart. For more information, please see the [Summary of Military and Veterans' Education Benefits](#) available through the NSHE website at nshe.nevada.edu and the Registrar/Admissions Office at the NSHE institution that you are currently attending or applying to attend.

For Office Use Only

Reviewer

Institution

Date Processed