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 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 within the five years immediately preceding the date of my matriculation at an NSHE institution. (Provide a copy of DD-214. Applies to veterans whose date of matriculation at an NSHE institution is on or after July 1, 2013.**)

☐ 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.)

* 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.

** Nevada law: July 1, 2013, is the effective date of Assembly Bill 260 (Chapter 505, Statutes of Nevada 2013), which created this exception. This provision was later amended by Assembly Bill 76 (Chapter 13, Statutes of Nevada 2015) to extend the period to five years.

IF YOU CHECKED ONE OF THE BOXES ABOVE, DO NOT PROCEED TO PAGE 2.
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 check 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:
   o Either a DD-214 (Discharge Orders) or a DD-1300 (Report of Casualty) or similar documentation verifying the date of discharge or casualty; and
   o 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:
   o Documentation verifying the transfer of the benefits; and
   o 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 enrolling within three years from my 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 am enrolling within three years of the transferor’s discharge 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) and am enrolling within three years of the Servicemember’s/veteran’s discharge or eligible death.

☐ I am an individual using benefits under Chapter 31 (VA Vocational Rehabilitation 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 ___________________________