



Office of the University Registrar
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 Norfolk, VA 23529
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APPLICATION FOR MILITARY SPOUSE/DEPENDENT TUITION RATE

Name: _____

UIN: _____

Are you a Fry Scholarship recipient? Yes → Please skip to and complete **Section C**

Are you a spouse or dependent of the serviceperson/veteran? Spouse Dependent

Is the serviceperson/veteran currently living in Virginia? Yes → Complete **Section A**
 No → Complete **Section B**

SECTION A – To qualify according to the Code of Virginia § 23.1-505, please attach the following documentation to establish eligibility (all are required):

- Proof of serviceperson/veteran's Virginia residency
- Copy of active duty member's orders to Virginia, District of Columbia, or a state contiguous to Virginia
OR DD-214
- Copy of student's military dependent ID card

SECTION B – To qualify according to the Veterans Choice Act, 38 U.S.C. 3679(c):

Will you (the student) be utilizing transferred GI Bill benefits?

- No → *You may be charged the out-of-state tuition rate without additional documentation**
 *Effective Fall 2020, any child of an active duty member or veteran who claims Virginia as their home state and filed Virginia tax returns for at least 10 years during active duty service is eligible for in-state tuition rates regardless of domicile. If applicable, please submit Virginia state tax returns from these 10 years.
- Yes → Please attach documentation based on the person from whom the GI Bill benefits were transferred

GI Bill benefits were transferred from:

Active Duty Serviceperson

Documentation required:

- Copy of active duty member's current and active duty orders
- Proof of student's Virginia residency
- Copy of student's military dependent ID card

Separated Veteran

Documentation required:

- Copy of veteran's DD-214
- Proof of student's Virginia residency
- Copy of student's military dependent ID card

SECTION C – To be completed by Fry Scholarship recipient:

Documentation required:

- Copy of VA Certificate of Eligibility
- Proof of student's Virginia residency

Please be aware that changes to your domicile may affect your eligibility for financial aid, including aid that has already been disbursed. If you have questions, please contact the Office of Financial Aid.

Signature: _____
 (required)

Date _____