COLLEGE OF THE SEQUOIAS

Visalia Campus, (A&R Room 107)
915 S. Mooney Blvd. Visalia, CA 93277
PH: (559) 730-3727 FAX: (559) 737-4883

Tulare College Center, (Building A)
4999 E. Bardsley Ave. Tulare, CA 93274
PH: (559) 688-3000 FAX: (559) 687-6294

Hanford Educational Center, (The Hub)
925 13th Ave. Hanford, CA 93230
PH: (559) 583-2500 FAX: (559) 584-1853

RESIDENCY RECLASSIFICATION AFFIDAVIT FOR MILITARY/ MILITARY DEPENDENT

Please submit the questionnaire with all documentation. Incomplete questionnaires and/or questionnaires without documentation will be returned to the student. Submit form to the nearest location listed above or email: residency@cos.edu

The military student or veteran are required to provide documentation in support of your responses:

- DD-214 (Member 4 copy) or Military Orders designating California station.
- Copy of Military ID or DL
- **Letter of VA Eligibility for Chapter 30, 31, 33, 35 transferred benefits**.
- *Military Dependent or Spouse:* You must provide documentation that ties you to the military person. This can be orders that show you would be on leave with military person, marriage license & ID of Military person or verification of relationship.

PLEASE PRINT: **Indicate Semester**: ☐ Fall ☐ Spring ☐ Summer Year: _____

First Name _____ Last Name _____ Middle Initial _____ Last 4 of SSN _____

Birth Date _____ Email _____ COS Banner ID _____

Address _____ City/State/Zip _____ Telephone _____

1. Do you intend to make California your permanent residence? ☐ Yes ☐ No

2. Please place a check next to all that apply to you:

- ☐ Active Duty
- ☐ Dependent of current active military
- ☐ Member discharged from CA in the last two years
- ☐ Covered Individual-Isakson and Roe
- ☐ Letter of VA Eligibility for Chapter 30
- ☐ Letter of VA Eligibility for Chapter 31
- ☐ Letter of VA Eligibility for Chapter 33
- ☐ Authorization for Chapter 21 Benefits
- ☐ Child/spouse John David Fry Scholarship

When did your present stay in California begin: _____/_____/_____

DD-214 Date of Discharge: _____/_____/_____

Home State of Record: _____

3. Currently Stationed in California? ☐ Yes ☐ No
If stationed in California, is the duty for educational purposes ONLY? ☐ Yes ☐ No

4. Address after separation: _____
If home state of record and address after separation is California and the date of discharge is within two years, please use your DD214 to reclassify to California residency. Effective August 01, 2021 covered individuals under the Veterans Access, Choice, and Accountability Act and their qualified dependents who begin attending an institution of higher learning located in the same state they reside may reclassify and charged in-state tuition rate. If you do not meet this criterion, please complete the non-military member Request for Reclassification Form.

I hereby certify under penalty of perjury that to the best of my knowledge, all of the above statements are correct and complete. I also understand that willful omission, falsification, or failure to report changes in residence may result in my dismissal from the college.

_____ _____
Student Signature **Date**

OFFICE USE ONLY

_____ Approved _____ Denied _____ _____
Signature of A&R Director or Designee Date

VA Eligibility Chapter # _____ Benefits Student Emailed: _____