



Veterans State Residency Waiver Form

Wake Technical Community College will waive the 12 Month state residency requirement for any student who meets the following criteria as outlined in NC Senate Bill 478:

- 1) The veteran student has applied and enrolled in Wake Technical Community College and has an honorable discharge or release from the Armed Forces, the Commissioned Corps of the U.S. Public Health Service, the National Oceanic and Atmospheric Administration.
- 2) The veteran student qualifies for and uses educational benefits pursuant to 38 U.S.C. Chapter 30 (Montgomery G.I. Bill®) or 38 U.S.C. Chapter 33 (Post-9/11 GI Bill), as administered by the U.S. Department of Veterans Affairs. This includes veteran students using Chapter 31 (Veteran Readiness & Employment (VR&E)) as well as those students using Chapter 35 (Dependent Education Assistance).
- 3) The student's abode is North Carolina.

Return this completed form in person to the WTCC Veteran Services Office with **proof of intent to remain a permanent NC resident** such as a NC driver's license, voter registration card, mortgage or lease agreement.

Last Name: _____ First Name: _____ Middle Initial: _____

WTCC Student ID: _____ Email: _____ Phone: _____
With Area Code

Year/Term of Application: _____

Statement of Acknowledgement (Please Initial)

- I understand that the Department of Veterans Affairs formally establishes eligibility for GI Bill benefits and that approval of this request is contingent on VA approval of educational benefits.
- I believe I am eligible for the GI Bill based on the following qualifications set and determined by the Department of Veterans Affairs:
 - I served an aggregated period of at least 90 days on active duty, or
 - I am a dependent eligible for Transfer of Entitlement under the Post-9/11 GI Bill.
- I have been admitted to a VA approved academic program at Wake Technical Community College.
- I understand that approval of this request is further contingent on my intent to become a resident of the State of North Carolina. I hereby acknowledge my intent to pursue full residency.
- I acknowledge that the information contained in this request for residency waiver is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

For Office Use Only

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Web site at <https://www.benefits.va.gov/gibill>

VA Chapter _____

Eligible for Waiver: Yes: _____ No: _____

Verified by _____

Student approved for Waiver: YES: _____ NO: _____

Approved by: _____ Date: _____

Signature of Approving Official: _____