



# MILITARY DEPENDENTS REQUEST FOR WAIVER OF NONRESIDENT FEES OR RECLASSIFICATION

Chabot ID#: \_\_\_\_\_

Student Name: \_\_\_\_\_

Active members of the military and their dependents who are domiciled or stationed in California on active duty, veterans who were stationed in California on active duty for more than one year immediately prior to being discharged no longer than two years ago, and "covered individuals" under VACA Section 702 are exempt from nonresident tuition for the duration of their enrollment at a community college.  
Reference: ECS 68074, 68075, 68075.5; T5 54041, 54042

**Please complete the following questionnaire:**

Service Member Name: \_\_\_\_\_

Service Member State of Entry: \_\_\_\_\_

Service Member Permanent Duty Station: \_\_\_\_\_

Service Member State of Domicile: \_\_\_\_\_

Service Member "Home of Record" on DD 214: \_\_\_\_\_

Is the service member still an active member of the armed forces? Yes  No

Service Member Station Location and Dates: \_\_\_\_\_

If applicable, date service member separated from active duty: \_\_\_\_/\_\_\_\_/\_\_\_\_

I will be using Post 9/11 Transfer of Entitlement benefits: Yes  No

I will be using benefits under the Fry Scholarship: Yes  No

**If you are a dependent child of an active service member stationed or domiciled in California on active duty, submit the following documentation:**

- 1) Statement from the service member's commanding or personnel officer listing the dates and location of assignment.
- 2) Service member's state or federal income tax filings with you, the dependent, listed as an exemption.

**If you are the spouse of an active service member stationed or domiciled in California on active duty, submit the following documentation:**

- 1) Statement from the service member's commanding or personnel officer listing the dates and location of assignment.
- 2) Your joint state or federal income tax filings.

**If you are a "covered individual" under VACA Section 702, submit the following documentation:**

- 1) Service member's DD Form 214.
- 2) Certificate of Eligibility showing you are eligible for Post 9/11 Transfer of Entitlement benefits or the Fry Scholarship.

By signing this form you understand that any misrepresentation of information provided may result in disciplinary action in accordance with Student Disciplinary Action and/or a financial obligation that must be paid in accordance with the processing and collection of tuition and fee payments. Further, you understand that state residency changes will not be made retroactively and that the deadline to make a residence change is prior to the start of the enrolled term.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You will receive notice of our decision by email in approximately 7 business days following receipt of your request.**

**OFFICE USE ONLY**

Nonresident waiver     CA Reclass     Out of State Resident

Eff. Term: \_\_\_\_\_ Eff. Date: \_\_\_\_\_ Banner amended: \_\_\_\_\_ Initials: \_\_\_\_\_ SGASTDN: \_\_\_\_\_ Student Notified : \_\_\_\_\_