# CERTIFICATION FOR IN-STATE TUITION DUE TO MILITARY SERVICE

Under North Carolina General Statutes Section NC GS 116-143.3, certain members of the armed services and their dependent family members may be eligible to be charged the in-state tuition rate whether or not they qualify as residents for tuition purposes under NC GS 116-143.1. This certification for in-state tuition is only valid up until the student's EAS date. After expiration of military benefit date, a student must complete and resubmit a new form if the student is still active duty military. If no longer active duty military, if there has been a one-year gap in enrollment, or if the student enters another program, the student must resubmit an RDS (residency determination) claim.

*This form must have all fields completed in order to be used as evidence for in-state tuition. This form must be given to Admissions in the McGee Building or emailed to admissions@carteret.edu*

Student Name: _____ Student ID: _____

Last Four of SSN: _____

Military Affiliation:

☐ Active Duty ☐ Active Duty Spouse ☐ Active Duty Dependent Child

Sponsor's name, if spouse or dependent family member: _____

1. Check the following U.S. Armed Forces branch you are affiliated with:

   ☐ US Marine Corps ☐ US Coast Guard ☐ US Army
   ☐ US Navy ☐ US Air Force

2. Current duty station in North Carolina: _____
3. Have you received your admissions letter from Carteret Community College? ☐ Yes ☐ No
4. Academic term that in-state tuition rate will begin? _____ (Year) _____ (Term)
5. Servicemember's End of Active Service (EAS) date or ID card expiration date, if no EAS. This form must be resubmitted if your EAS date expires.

   _____/_____/_____
   Month Day Year

Student Signature _____ Date _____

*By signing this form, I certify that all information I have set forth herein is true to the best of my knowledge.*

## CERTIFICATION BY APPROPRIATE MILITARY AUTHORITY

This signature attests that the above referenced student is active duty or a military family member whose primary duty station is in **North Carolina**.

_____ _____

Supervising Military Authority Name/Rank Supervising Military Authority Signature

_____

Date

**The certifying Military Official must be a Staff Non-Commissioned Officer or higher ranking official. Family members may submit a form signed by an appropriate unit representative in the event their Sponsor is deployed.**