Undergraduate Application for Admission

APPLICATION INSTRUCTIONS
Before you complete the Fayetteville State University Application for Admission, please read the following information carefully. Your application will be scanned, which requires you to print in UPPERCASE letters. Please use blue or black ink and be sure to fill in each square boldly and completely. Do NOT use pencil. Checking or crossing out your answer with an “X” is NOT acceptable. Failure to complete this application or the submission of any information in error or by omission could delay the processing of your application.

APPLICATION DEADLINES FOR FIRST-YEAR AND TRANSFER STUDENTS
- June 30 for Fall Semester
- December 1 for Spring Semester
- May 1 for Summer Session I
- June 1 for Summer Session II

APPLICATION DEADLINES FOR RE-ADMIT AND SPECIAL VISITING STUDENTS
- August 10 for Fall Semester
- December 10 for Spring Semester
- May 15 for Summer Session I
- June 15 for Summer Session II

ADMIT TYPES

First-Year
You are a first-year applicant if you have not yet graduated from high school or if you have not taken any college-level courses for credit after high school graduation. You are also considered a first-year if you have completed the General Education Development Certificate (G.E.D.) or Adult High School Diploma.

Transfer
If you have taken one or more college-level course(s) for credit after high school graduation (or completing the G.E.D. or Adult High School Diploma), you are considered a transfer student.

Former FSU Students (Readmits)
Former students who have not enrolled for one or more semesters must apply for readmission.

Special Visiting Students
A special visiting student can be in either high school or college. High school seniors with superior academic credentials may supplement their high school curriculum with courses at FSU. High school students must submit a letter of recommendation from their guidance counselor, a SAT-ACT score(s) with an official high school transcript, and must have at least a 3.0 GPA.

Students currently working toward a degree at another college or university who want to take courses at FSU for a semester may apply as a special visiting student. College students must request an official high school or college transcript be forwarded to the Office of Admissions.

NOTIFICATION OF ADMISSION DECISION
Admission decisions are made on a rolling-basis once we receive all required credentials to evaluate your application. The offer of admission is valid only if the letter is signed by the Director of Admissions.
WHAT TO SEND WITH YOUR APPLICATION

Non-Refundable Application Fee
Applicants must submit a $40 non-refundable application fee. The **certified check or money order** (will not accept starter checks) must be made out to Fayetteville State University. Please write “application fee” on the memo line. The applicant's name and date of birth should also be noted on the certified check or money order.

**With the appropriate documentation, the Office of Admissions will waive the $40 non-refundable application fee for active military. Also, FSU will waive the application fee for readmission for students who have been away for only one semester.

Official High School Record
We must receive an official transcript from your high school or electronically through College Foundation of North Carolina (CFNC), www.cfnc.org.

Official College Transcripts
If you have taken any college-level courses, an official transcript from each institution you have attended must be forwarded to the Office of Admissions. (Failure to do so will delay your application review process.)

Mid-Year Grades (First year students only)
Please ask your guidance counselor to forward your mid-year senior grades to the Office of Admissions as soon as they become available.

Standardized Testing Results
Official SAT1 or ACT scores with the written component must be sent directly to the Office of Admissions from the organization administering the examination.

IMPORTANT CODES
FSU SAT Code – 5212
FSU ACT Code – 3098
FSU Financial Aid School Code – 002928

RESIDENCY REQUIREMENTS
To qualify as a resident for tuition purposes, a person must become a legal resident and remain a legal resident for at least twelve months immediately prior to classification. Thus, there is a distinction between legal residence and residence for tuition purposes. Furthermore, twelve months legal residence means more than simple abode in North Carolina. In particular, it means maintaining a domicile (permanent home of indefinite duration) as opposed to maintaining a mere temporary residence or abode incident to enrollment in an institution of higher education. The burden of establishing facts which justify classification of a student as a resident entitled to in-state tuition rates is on the application for such classification.

APPLICATION CHECKLIST
Use this checklist as a guide to ensure that all of the necessary information has been submitted. Any errors or omissions can delay your application review process.

- Submit non-refundable $40 application fee (approved waivers accepted)
- Submit Residency Form (NC residents only) (See pages 7 & 8)
- Select appropriate school/college and intended interest code from list (See page 6)
- Forward official high school/college transcript(s) to the Office of Admissions
- Forward official test scores (SAT/ACT) to the Office of Admissions
- Submit 250 word personal statement “Who I am and why do I want to attend FSU?” (Freshmen ONLY)
- Sign and date application (FAILURE to do so will delay your application review process)
Fayetteville State University
Undergraduate Application for Admission

Complete and mail this form.

Receipt # ______________
Date ______________

Please print clearly using blue or black ink.

Prefix:  ○ Mr.  ○ Ms./Mrs.

Alternate Last Name

First Name

Middle Name

Jr./III/Etc.

Last Name

Home Phone (Include Area Code)

Original Mailing Address

City

State

Zip Code

County

E-Mail Address

Permanent Mailing Address (leave blank if same as above)

City

State

Zip Code

Permanent mailing address valid until:

Emergency Contact Information: Guardian information if under the age of 18.

Last Name

First Name

Mailing Address

Telephone (Include Area Code)

City

State

Zip Code

E-Mail Address

Date of Birth* (optional):

Gender* (optional):

○ Male  ○ Female

Citizenship Status

○ U.S. Citizen  ○ Non-Immigrant Alien

○ Permanent Resident Alien (enclose copy of your visa or permanent resident card)

Resident Alien Number

Date issued

Country of Citizenship (If not U.S.)

Visa Type

Date issued:

/  /  

Ethnicity/Race:

○ White/Caucasian  ○ African American/Non-Hispanic  ○ Asian/Pacific Islander  ○ Hispanic  ○ Other

FOR ALL APPLICANTS: Please indicate any language (other than English) spoken in your home:

Do you wish to reside on campus?  ○ Yes  ○ No

Military Status (Check one only):

○ Veteran receiving benefits  ○ Veteran not receiving benefits  ○ Veteran’s dependent with benefits

○ Active duty with benefits  ○ Active duty without benefits  ○ Not applicable

Are you a legal resident of North Carolina?  ○ Yes  ○ No

If yes, you must complete the NC Residency Form.

If yes, how long?  ___________ Years  ___________ Months

Name of County:

Are you:

Active Duty Member of the Armed Services stationed in North Carolina  ○ Yes  ○ No

Dependent Relative of a Member of the Armed Services stationed in North Carolina  ○ Yes  ○ No

* Dependent of Deceased or Disabled Emergency Worker (i.e., Firefighter, Volunteer Firefighter, Law Enforcement, Rescue Squad Member)  ○ Yes  ○ No
Proposed Major:
1st Choice [ ] [ ] [ ]
2nd Choice [ ] [ ] [ ]

Admit Type: [ ] Freshman [ ] Transfer [ ] Readmit [ ] Special Visiting [ ] Online Degree Completion

Entry Term: [ ] Fall [ ] Fall 8-Week Term [ ] Spring [ ] Spring 8-Week Term [ ] 1st Summer Session [ ] 2nd Summer Session [ ]

Please indicate if you have been home schooled: [ ] Yes [ ] No

High School Name (No abbreviations)

City
State

From (MM/YY) [ ] To (MM/YY) [ ]

Did or will you receive an Adult High School Diploma or General Education Development Certificate (GED)? [ ] Yes [ ] No

If yes, where did you receive your Adult High School Diploma or GED? ____________________________ Date: ____________________________

Last College Name (No abbreviations)

City
State

From (MM/YY) [ ] To (MM/YY) [ ]

Prior College Name (No abbreviations)

City
State

From (MM/YY) [ ] To (MM/YY) [ ]

Submit additional prior colleges attended on a separate page.

Please List Senior Courses (High School Students ONLY):

<table>
<thead>
<tr>
<th>Courses</th>
<th>AP</th>
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<th>Courses</th>
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Please provide us with a typed written (250 words) personal statement that expresses who you are and why you want to attend FSU. Required for first-year students; optional for all others.
Please List Extra-curricular Activities:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Offices Held</th>
<th>Dates</th>
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Campus Safety Questions

In an effort to maintain a safe learning community, we must ask the following questions of all applicants. For the purpose of the following questions, “crime” or “criminal charge” refers to any crime other than a traffic related misdemeanor or an infraction. You must, however, include any alcohol or drug related offenses whether or not they are traffic related incidents. Answering “yes” to any of the following questions may not necessarily preclude your being admitted. However, failing to answer these questions, or failing to respond completely, accurately, and truthfully, may be grounds to deny or withdraw your admission or to dismiss you after enrollment.

1. Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?  
   - Yes
   - No

2. Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime?  
   - Yes
   - No
   [Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

3. Do you have any criminal charges pending against you?  
   - Yes
   - No

4. Have you entered a plea of no contest or nolo contendere, or an Alford plea, to a misdemeanor, felony, or other criminal charge; or received a deferred prosecution or prayer for judgment continued for such a charge; or otherwise accepted responsibility for such a crime?  
   - Yes
   - No

5. Have you received any type of discharge from military service “other than an honorable discharge”?  
   - Yes
   - No - Never Served
   - No - Currently Serving
   - No - Honorably Discharged

6. If your education was or will be interrupted, indicate here and provide details on a separate page.  
   - Yes
   - No

If you answer “yes” to any of these questions, please provide a written explanation that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience. The University reserves the right to require an additional statement from an appropriate official corroborating your account, either before acting on your application or before permitting you to enroll. Your failure to provide such a statement upon request may be grounds to deny or withdraw your admission or to dismiss you after enrollment.

You must promptly notify the Admissions Office in writing of any criminal charge, any disposition of a criminal charge (unless the criminal adjudication or conviction has been expunged), or any school, college, or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this application. Your failure to notify the office will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

I understand my failure to provide complete, accurate, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment.

I certify that the information I have given on this application is complete and correct. Any willful misrepresentation of fact may be cause for withdrawal of my application from consideration, cancellation of admission or registration, or suspension from the University. I agree to allow the University to send information on the status of my application to my high school, if requested.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution, but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am or have been in attendance at this institution.

Signature of Applicant: ______________________________ Date: __________

If under 18, Signature of Parent or Guardian: ______________________________ Date: __________

Fayetteville State University is committed to equality of educational opportunity and does not discriminate against applicants, students or employees based on race, color, national origin, religion, gender, age or disability. Moreover, Fayetteville State University values diversity and actively seeks to recruit talented students, faculty, and staff from diverse backgrounds.
<table>
<thead>
<tr>
<th>COLLEGE</th>
<th>INTEREST CODE</th>
<th>INTEREST/MAJOR</th>
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<tbody>
<tr>
<td>BN</td>
<td>11</td>
<td>Accounting (BS) (Certificate Program in Accounting)</td>
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<tr>
<td>AS</td>
<td>3G</td>
<td>Art Education (BS)</td>
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<tr>
<td>BN</td>
<td>84</td>
<td>Banking and Finance (BS)</td>
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<tr>
<td>AS</td>
<td>14</td>
<td>Biology (BS)</td>
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<td>BS</td>
<td>3S</td>
<td>Biotechnology (BS)</td>
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<tr>
<td>ED</td>
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<td>Birth - Kindergarten (Teaching) (BS)</td>
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<tr>
<td>BN</td>
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<td>Business Administration (BS)</td>
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<tr>
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<td>01</td>
<td>Chemistry (BA)</td>
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<td>Computer Science (BS)</td>
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<td>Elementary Education (K-6) (BS)</td>
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<td>AS</td>
<td>02</td>
<td>English Language and Literature (Secondary Education) (BA)</td>
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<td>3H</td>
<td>Fire &amp; Emergency Services Administration (BS)</td>
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<td>AS</td>
<td>3I</td>
<td>Forensic Science (BS)</td>
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<td>03</td>
<td>Geography</td>
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<td>04</td>
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<td>AS</td>
<td>23</td>
<td>Intelligence Studies (BA)</td>
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<tr>
<td>BS</td>
<td>2H</td>
<td>Management Information Systems (BS)</td>
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<td>BS</td>
<td>23</td>
<td>Mathematics (BS)</td>
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<tr>
<td>ED</td>
<td>25</td>
<td>Middle Grades Education (6-9) (BS)</td>
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<td>AS</td>
<td>05</td>
<td>Music (BA)</td>
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<td>AS</td>
<td>2J</td>
<td>Music Education (BS)</td>
</tr>
<tr>
<td>AS</td>
<td>9A</td>
<td>Nursing (BSN, Generic 4-year program)</td>
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<tr>
<td>AS</td>
<td>27</td>
<td>Nursing (RN to BSN)</td>
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<tr>
<td>ED</td>
<td>28</td>
<td>Physical and Health Education (K-12) (BS)</td>
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<td>AS</td>
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<td>Political Science (BA)</td>
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<td>AS</td>
<td>PS</td>
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<td>AS</td>
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<td>AS</td>
<td>TH</td>
<td>Theatre (BA)</td>
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<tr>
<td>UC</td>
<td>59</td>
<td>Undecided</td>
</tr>
<tr>
<td>AS</td>
<td>10</td>
<td>Visual Arts (BA)</td>
</tr>
</tbody>
</table>

*Available to transfer students only who have a current, valid, non-restrictive nursing license*

This is an abbreviated list of majors. For a listing of all offerings, consult the University Catalog at www.uncfsu.edu.
Fayetteville State University
North Carolina Residency Form

All North Carolina residents must complete and return both sides of this form. Information Relating to Claimed North Carolina Residence for Tuition Purposes—North Carolina Law (G.S. 116-143.1) requires that “To qualify for in-state tuition, a legal resident must have maintained his domicile in North Carolina for at least 12 months immediately prior to his classification as a resident for tuition purposes.” The information requested on this form must be supplied by every applicant for admission or readmission to Fayetteville State University who claims to be eligible for the North Carolina tuition rate. Complete the form and return it with your application for admission. This information is to be used only in connection with determination of your residence status for tuition purposes.

Answer all questions. Failure to do so may delay your application process. Type or print with black or blue ink.

1. Applicant’s Full Name: ____________________________________________________________________________________________________________

2. When do you claim your legal residence in North Carolina began? ______________________________________________________________________________

3. Have you applied to be classified as a resident for tuition purposes at FSU during the last 12 months?  □ Yes  □ No
   If yes, decision reached: □ Resident □ Non-resident  Last term and year you were so classified: ____________________________________________ Term

4. Indicate the year and check the earliest term in which you want this residency decision to apply:
   Year ___________  □ Fall  □ Spring  □ Summer I  □ Summer II

5. Age __________________________ Date of Birth ____________ Place of Birth __________________________ City/State __________________________

6. If citizenship other than U.S., indicate document status (visa, green card) ____________________________________________________________________________ when obtained _____________

7. Current Mailing Address: ______________________________________________________________ Since __________________________
   Street ____________ City ____________ State ____________ Zip ____________ Month ____________ Year ____________

8. Previous Mailing Address: ______________________________________________________________ Since __________________________
   Street ____________ City ____________ State ____________ Zip ____________ Month ____________ Year ____________

9. Father living?  □ No  □ Yes, His name ____________________________________________________________________________________________________________

10. Mother living? □ No □ Yes, Her name ____________________________________________________________________________________________________________

11. If your parents are divorced, in whose custody are/were you? ____________________________________________________________________________________________________________

12. Name of court-appointed guardian: ________________________________________________________________________________________________
   Court appointed at __________________________ on __________________________ Place __________________________
   If Applicable on __________________________ Month ____________ Year ____________

13. Have you or either of your parents been in active military service within the past 2 years?  □ No  □ Yes
   If yes, what are the dates of military service? ___________________________________________________________ If yes, location of permanent duty station __________________________
   Beginning Date to End Date

14. If yes, check each of the following you have ever done outside North Carolina:
   □ Attended secondary school __________________________ □ Attended post secondary school __________________________ □ Worked __________________________
   Beginning Date to End Date

15. Last Address Outside North Carolina:
   Yours ____________________________________________________________________________________________________________
   Father ____________________________________________________________________________________________________________
   Mother ____________________________________________________________________________________________________________
   Guardian ____________________________________________________________________________________________________________

16. Permanent Address (P.O. Box not acceptable):
   Yours ____________________________________________________________________________________________________________
   Father ____________________________________________________________________________________________________________
   Mother ____________________________________________________________________________________________________________
   Guardian ____________________________________________________________________________________________________________

17. Occupation (Job title):
   Yours ____________________________________________________________________________________________________________
   Father ____________________________________________________________________________________________________________
   Mother ____________________________________________________________________________________________________________
   Guardian ____________________________________________________________________________________________________________

18. COMPLETE AND MAIL THIS FORM.
If additional information is needed, the applicant will be notified.

I certify that the information I have given on this application is complete and correct. Any willful misrepresentation of fact may be cause for withdrawal of my application from consideration, cancellation of admission or registration, or suspension from the University.

I agree to allow the University to send information on the status of my application to my high school, if requested.

Signature of Applicant ___________________________________________ Date __________________________

Signature of Parent or Guardian if Applicant is under 18 years of Age

State Year

19. Who claimed you last year as a dependent on state and federal income tax returns?

Parent __________________________________________________________ Date (M/D/Y)

Spouse __________________________________________________________ Date (M/D/Y)

Self ____________________________________________________________ Date (M/D/Y)

20. Does anyone intend to claim you as a dependent on state and/or federal income tax returns for the current tax year? □ Yes □ No

If you answered YES: Name __________________________________________________________ Relationship to you ______________________________

21. Indicate when and where each of the following was completed during the last two years. The parent or guardian section must be completed by the individual claiming you on the most recent tax return.

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<tr>
<th>SELF</th>
<th>PARENT/GUARDIAN</th>
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<tbody>
<tr>
<td>1. Registered to Vote</td>
<td>Yes □ No □</td>
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<td>2. Voted</td>
<td>Yes □ No □</td>
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<td>3. Called to Serve on Jury Duty</td>
<td>Yes □ No □</td>
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<tr>
<td>4. Acquired or Renewed Driver's License</td>
<td>Yes □ No □</td>
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<tr>
<td>5. Acquired Ownership of Property for Use as Your Principal Dwelling</td>
<td>Yes □ No □</td>
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<tr>
<td>6. Registered Licensed Motor Vehicle(s)</td>
<td>Yes □ No □</td>
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Please send completed form to: Office of Admissions | FSU | 1200 Murchison Road | Fayetteville, NC 28301-4298
Fayetteville State University
Military Status for Financial Aid and Residency Determination

A. Are you currently serving or have you ever served in the United States Armed Forces?  □ Yes  □ No

Please complete the following if you answered “Yes” to question (A). This information will help us connect you with financial aid benefits and determine your eligibility for in-state residency.

1. Your Current Status
   □ Active-duty  □ NC National Guard  □ Other National Guard  □ Reservist  □ Separated Veteran  □ Retiree

2. Branch of Service
   □ Army  □ Air Force  □ Navy  □ Marine Corps  □ Coast Guard

3. Current or Last Pay Grade
   □ E-1  □ E-2  □ E-3  □ E-4  □ E-5  □ E-6  □ E-7  □ E-8  □ E-9
   □ O-1  □ O-2  □ O-3  □ O-4  □ O-5  □ O-6  □ O-7  □ O-8  □ O-9  □ O-10  □ O-11
   □ W-1  □ W-2  □ W-3  □ W-4  □ W-5

4. Do you plan to use military or veterans educational benefits while enrolled at this institution?
   □ Yes  □ No  □ Not Sure
   If yes, which benefit do you plan to use?
   □ Chapter 30 – Montgomery GI Bill  □ Chapter 1607 – Reserves Education Assistance Program (REAP)
   □ Chapter 31 – Vocational Rehabilitation  □ Military Tuition Assistance
   □ Chapter 33 – Post 9/11 GI Bill  □ Military Spouse Career Advancement Accounts (MyCAA)
   □ Chapter 35 – Dependents Education Assistance (DEA)  □ Marine Gunnery Sgt. John David Fry Scholarship
   □ Chapter 1606 – Selected Reserves GI Bill  □ Not Sure

5. Your current or last permanent duty station
   □ Fort Bragg  □ Camp Lejeune  □ MCAS Cherry Point  □ MCAS New River
   □ Pope Army Airfield  □ Seymour Johnson AFB  □ USCG North Carolina  □ Other installation outside of NC
   □ NC National Guard  □ Other National Guard  □ Reservist

6. Your current or last home of record

7. Your state of legal residence last claimed on your DD Form 2058 (State of Legal Residence Certificate).

8. Date of initial entry into military service ___________________________

9. Discharge or retirement date (actual or anticipated) _______________________

10. If discharged or retired, your final duty station
    □ Fort Bragg  □ Camp Lejeune  □ MCAS Cherry Point  □ MCAS New River
     □ Pope AFB  □ Seymour Johnson AFB  □ USCG North Carolina  □ Other installation outside of NC
     □ NA – NC National Guard  □ NA – Other National Guard  □ NA – Reservist
Fayetteville State University  
Military Dependent Status for Financial Aid and Residency Determination

B. Are you a dependent or spouse of a current or prior United States service member?  
☐ Yes  ☐ No

Please complete the following if you answered “Yes” to question (B). This information will help us connect you with financial aid benefits and determine your eligibility for in-state residency.

Please respond to these questions in reference to the connected service member.

1. Your relationship to the service-member or veteran  ☐ Dependent  ☐ Spouse

2. Current Status of Service Member
   ☐ Active-duty  ☐ NC National Guard  ☐ Other National Guard  ☐ Reservist  ☐ Separated Veteran  ☐ Retiree

3. Branch of Service of Service Member  ☐ Army  ☐ Air Force  ☐ Navy  ☐ Marine Corps  ☐ Coast Guard

4. Current or Last Pay Grade of Service Member
   ☐ E-1  ☐ E-2  ☐ E-3  ☐ E-4  ☐ E-5  ☐ E-6  ☐ E-7  ☐ E-8  ☐ E-9
   ☐ O-1  ☐ O-2  ☐ O-3  ☐ O-4  ☐ O-5  ☐ O-6  ☐ O-7  ☐ O-8  ☐ O-9  ☐ O-10  ☐ O-11
   ☐ W-1  ☐ W-2  ☐ W-3  ☐ W-4  ☐ W-5

5. Do you plan to use United States Department of Defense or veterans educational benefits while enrolled at this institution?  
☐ Yes  ☐ No  ☐ Not Sure

   If yes, which benefit do you plan to use?
   ☐ Chapter 33 – Post 9/11 GI Bill  ☐ Marine Gunnery Sgt. John David Fry Scholarship
   ☐ Chapter 35 – Dependents Education Assistance (DEA)  ☐ Not sure
   ☐ Military Spouse Career Advancement Accounts (MyCAA)

6. Current or last permanent duty station of service member
   ☐ Fort Bragg  ☐ Camp Lejeune  ☐ MCAS Cherry Point  ☐ MCAS New River
   ☐ Pope Army Airfield  ☐ Seymour Johnson AFB  ☐ USCG North Carolina  ☐ Other installation outside of NC
   ☐ NC National Guard  ☐ Other National Guard  ☐ Reservist

7. Current or last home of record of service member
   ____________________________________________________
   ____________________________________________________

8. State of legal residence the service member last claimed on his/her DD Form 2058 (State of Legal Residence Certificate)?
   ____________________________________________________

9. Date of initial entry into military service for service member ________________________________

10. Discharge or retirement date of service member (actual or anticipated) __________________________

11. If discharged or retired, service member’s final duty station
   ☐ Fort Bragg  ☐ Camp Lejeune  ☐ MCAS Cherry Point  ☐ MCAS New River
   ☐ Pope AFB  ☐ Seymour Johnson AFB  ☐ USCG North Carolina  ☐ Other installation outside of NC
   ☐ NA – NC National Guard  ☐ NA – Other National Guard  ☐ NA – Reservist