Military & Veteran Success Center

Isakson and Roe Veterans Health Care and Benefit Act of 2020
Section 1005 Residency Form

This form is for Veterans and Those dependents under 38 U.S. Code § 3311(b)(8) (which are using Fry Scholarship) and 38 U.S. Code § 3319 9 (which is dependents using transferred benefits).

Please email this form to veteransuccess@csupueblo.edu or submit to the office of the Military &Veteran Success Center.

Last Name First Name MI_____

Student PID/ Net ID _____

Are you the Veteran or Dependent?_____

SEMESTER: Year: _____ Fall _____Spring ___ Summer _____

REQUIRED:

- Copy of DD-214 (member 4, long version, including items 23 through 30)
- Copy of Certificate of Eligibility from the VA (For Dependents)

CERTIFICATION

I hereby swear/affirm that the answers given in this form are accurate and complete, and that all documents; attached hereto, are true and unaltered. If my circumstances change, affecting my tuition status, I agree to notify the Office of Admissions in writing 15 days of such change. I understand that I am financially and academically responsible for all classes that I will or have registered for regardless of the final residency status.

_____ Applicant's Printed Name **Date:** _____

_____ Applicant's Signature

_____ MVSC Staff Date: _____

_____ Signature