**East Carolina University Department of Physician Assistant Studies**

**Active Military and/or Spouse Residency Requirement Waiver Request Form**

**Instructions:** Applicants to the ECU Department of Physician Assistant Studies who are actively serving in the military and have been placed at a duty station outside the state of North Carolina may use this form to request a waiver of the program’s application residency requirement.

Please note:

* If you are reporting in CASPA a **current or permanent address** in **North Carolina** or one of the contiguous states accepted by the ECU PA program (South Carolina, Virginia, Washington D.C., Tennessee, or Georgia), a waiver is **not required** for application review and admission.
* This form is applicable for eligibility for application review and admission. It is **not** a waiver granting in state residency status for tuition.
* Complete all sections of this form and attach any supporting documentation.
* Submit the completed form by email to paadmissions@ecu.edu for review.

**Applicant Information (as reported in CASPA)**

* **Cycle Year of CASPA application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Current Address:**
	+ Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Military Service Information**

* **Branch of Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Current Duty Station:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Military Status (Active Duty, Reserve, etc.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **State of residency at time of entry:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Home of Record:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver Request Justification**

Please explain why you are requesting this waiver, including any supportive details regarding your ties to North Carolina.

**Applicant Attestation and Signature**

By signing below, I certify that the information provided in this form is true and accurate to the best of my knowledge. I understand that false or misleading information may result in the denial of my application or future dismissal from the program. I understand I may be asked to provide military orders showing current placement outside of NC and/or a letter confirming my assignment and its duration to support my waiver if requested by the program for further clarification. I understand this waiver does not impact residency status for tuition.

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

**Submission Instructions:** Submit this completed form and supporting documents via email to **paadmissions@ecu.edu.**

The applicant will receive confirmation at the email address provided above regarding the status of the residency waiver request after review by the Admissions committee. Please allow 10 business days for formal confirmation.