Veteran, Service-Member, Dependent, Spouse Non-Resident Tuition Waiver Request Form

Name of Student: ___________________________________________  Student ID#: ___________________________

Date of Birth: ____/____/_____  Entry Semester/Session:  □  Fall 20____  □  Spring 20____  □  Summer 20____

Address: ______________________________________________________________________________________

City: ___________________ State: ___________________ Zip: ___________________

Relationship to Veteran/Service Member:

□ Self  □ Spouse  □ Son  □ Daughter
□ Step Son  □ Step Daughter  □ Adopted Son  □ Adopted Daughter

Name of Veteran/Service Member: _________________________________________________________________

Branch of Service: ___________________________  Dates of Service: ___________________________

Type of Discharge (if applicable): ________________________________________________________________

ONE OF THE FOLLOWING FORMS OF DOCUMENTATION MUST ACCOMPANY APPLICATION
Check which of the following type(s) of documentation that has a copy attached or an original is shown to Admissions staff to determine verification.

Honorably Discharged or Retiree:

□ DD214 (Member 4 Copy)  □ NGB22

□ Military ID (Service Member or Dependent)  Do Not attach copy - Admissions Office verifies original.

□ Documentation* to verify spouse/dependent status (as applicable)

Active Duty:

□ Current Orders/ Unit of Assignment

□ Other Documentation (as required)  Describe: __________________________________________________

□ Military ID (Service Member or Dependent)  Do Not attach copy - Admissions Office verifies original.

□ Documentation* to verify spouse/dependent status (as applicable)

*(Examples of documentation verifying spouse/dependent status include birth certificate, marriage license, adoption/court document, VA letter of eligibility, etc., as applicable.)

SIGNATURE:

___________________________________________  ________________________
Student  Date

Received in Admissions Office: _________ (Staff’s Initials) ____________ (Date)

Comments: ____________________________