

Active Duty Military Tuition Waiver

UNIVERSITY OF NEW MEXICO

SEMESTER: _____ YEAR: _____

Part I. Certification of Eligibility:

This application is submitted for waiver of nonresident tuition for:

STUDENT'S NAME _____

SOCIAL SECURITY NUMBER _____

I certify that I am in a United States military branch of service, on active duty, and that I am presently stationed at _____ within the boundaries of the
(DUTY STATION)

State of New Mexico. This active duty assignment is for the period from _____
(MONTH/YEAR)

to _____ On the basis of Senate Bill No. 35, I request resident tuition for:
(MONTH/YEAR)

_____ for the University session indicated above.
(MYSELF, MY SPOUSE, MY DEPENDENT)

SIGNATURE _____

DATE _____

Part II. Certification of Dependent Relationship:

If resident tuition status under Senate Bill No. 35 is requested for the applicant's spouse or dependent, complete this section.

I certify that _____ is my _____.
(NAME OF SPOUSE OR DEPENDENT) (SPOUSE OR DEPENDENT)

Part III. Certification of Commanding Officer:

I certify that the applicant has verified the above information to me and that, to the best of my knowledge and belief, the information is true and correct.

DATE _____

SIGNATURE OF COMMANDING OFFICER _____

RANK _____

TITLE _____

ORGANIZATION _____

Return waiver to:

The University of New Mexico
Office of Registrar
Student Services Center #261
MSC06 3650
1 University of New Mexico
Albuquerque, NM 87131-0001

Phone: (505) 277-8466