

# Active Duty Military Tuition Waiver

UNIVERSITY OF NEW MEXICO

SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_

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## *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 \_\_\_\_\_

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## *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)

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## *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 \_\_\_\_\_