

# 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  
Division of Enrollment Management  
Office of Admissions  
PO Box 4895  
Albuquerque, NM 87196-4845  
Phone: (505)277-8900  
Fax: (505)277-6686