

# 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