

**RESIDENT TUITION APPLICATION FOR ACTIVE MILITARY,  
VETERANS AND DEPENDENTS OF THE US ARMED FORCES**

This application is being submitted for waiver of non-resident tuition: \_\_\_\_\_ 20\_\_\_\_  
(Semester) (Year)

\_\_\_\_\_ ID Number (Aggie ID) \_\_\_\_\_  
(Student's full name)

**CERTIFICATION OF ELIGIBILITY (Please select one)**

**US Veteran Waiver:** On the basis of New Mexico House Bill 427 (2015), I certify that I am a veteran of the Armed Forces of the United States (Army, Navy, Air Force, Marine Corps or Coast Guard) and that I am eligible for Veterans' Education benefits under Federal law. (VETN/RESD)

**Veteran/Military Dependent Waiver (VA benefit eligible):** On the basis of New Mexico House Bill 427 (2015), I certify that I am a dependent/spouse of a veteran of the Armed Forces of the United States (Army, Navy, Air Force, Marine Corps or Coast Guard) and that I am eligible for Veterans' Education benefits under Federal law. (VADP/RESD)

**Active Duty Military Waiver:** On the basis of New Mexico House Bill 427 (2015), I certify that I am a military service member of the Armed Forces of the United States (Army, Navy, Air Force, Marine Corps or Coast Guard) who is presently stationed within the exterior boundaries of the State of New Mexico, including Ft. Bliss, or that I am eligible for Veterans' Education benefits or Department of Defense Tuition Assistance benefits under Federal law. (MILH/RESD)

**Active Duty Dependent/Spouse Military Waiver:** On the basis of New Mexico House Bill 427 (2015), I certify that I am a dependent/spouse of a military service member of the Armed Forces of the United States (Army, Navy, Air Force, Marine Corps or Coast Guard) who is presently stationed within the exterior boundaries of the State of New Mexico, including Ft. Bliss, or that I am eligible for Veterans' Education benefits or Department of Defense Tuition Assistance benefits under Federal law. (MILD/RESD)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CERTIFICATION OF THE MILITARY AND VETERANS PROGRAMS OFFICE** (required)

The applicant has requested approval for one of the waivers requested and meets the requirements for the specific waiver. This information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

(NMSU Certifying Official)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

(NMSU Certifying Official)

**Do Not Write Below This Line**

_____ Approved	_____ Denied	_____ Fall	_____ Spring	_____ Summer	20_____
Reviewed by: _____		Date: _____			
Comments: _____					