

FLORIDA ATLANTIC UNIVERSITY
VETERAN NONRESIDENT WAIVER REQUEST FORM

Eligibility Criteria

Florida law provides a waiver of the out-of-state portion of tuition for veterans of the United States Armed Forces, who demonstrate they:

- Physically reside in the State of Florida (Proof may include but is not limited to a Florida Drivers License, or a Florida Identification card) **and**
- Have been honorably discharged from the U.S. Armed Forces (A copy of the DD-214, or Discharge Certificate showing the nature of the discharge must be provided).

Active duty members of the Armed Services of the United States residing or stationed in Florida and drilling members of the Florida National Guard are already classified as residents for tuition purposes and do not qualify for this waiver.

Continuing Students

- **Continuing students receiving the waiver must recertify their physical presence in Florida each year, prior to the beginning of the year. (e.g. If a student begins in Fall Semester, they must recertify prior to the start of each Fall Semester in order to continue receiving the waiver.)**

The waiver is applicable for 110% of the required credit hours of the degree or certificate program for which the student is enrolled.

The approval of this waiver only grants eligibility for the C.W. "Bill" Young Tuition Waiver Program, also known as the Florida GI Bill, (Chapter 1009.26, Section 36, Subsection (12)(a) Florida Statutes). All other forms of financial aid, scholarships or loans from the University, the state, or the federal government must be applied for separately.

Student Information:

Year Requested (e.g. Fall 2014- Fall 2015) _____

Full Legal Name Last First Middle

Student ID Number Date of last Discharge (ETS)

By signing this form, I _____, certify that I meet the eligibility criteria set forth above. I further understand that the waiver will be applicable for maximum of 110 percent of the required credit hours of the degree or certificate program for which I am enrolled. I also understand the requirement to recertify my physical presence in Florida each year.

X

Student's Signature

Date

Processing purposes only

Name of staff member processing form: _____ Date _____

Physical residence confirmed? YES NO Honorably discharged Veteran? YES NO

Student qualifies for waiver: YES NO DD-214 Received? YES NO

Effective Year (Beginning and end dates): _____