APPLICATION FOR IN-STATE TUITION WAIVER for NON-RESIDENT ACTIVE DUTY MILITARY PERSONNEL STATIONED IN NEW MEXICO

This form provides formal verification that a non-resident member of the armed forces of the United States is stationed on active duty within New Mexico and as a result, the individual, their spouse, and dependent children are exempt from non-residential tuition status. Bring this form to NMT’s Registrar’s Office.

For ____________________________ (Term) 20 ____________________________ (Year)

<table>
<thead>
<tr>
<th>Student's Full Name</th>
<th>Student's school ID number</th>
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CERTIFICATION OF ELIGIBILITY

I, ____________________________, certify that I am in the military service of the United States, on active duty, and that I am presently stationed at ____________________________ within the State of New Mexico.

This active duty assignment is for the period from ____________________________ to ____________________________. On the basis of Senate Bill No. 35, I request tuition status for ____________________________ for the session indicated above.

I understand that this is a temporary residence classification based solely on my active duty and that my qualifications, my spouse's, or my dependent's qualification under Senate Bill No. 35 must be verified in writing to NMT Registrar.

Signature: ____________________________  Address: ____________________________

Date: ____________________________  (Number and Street)

(City, State, Zip)

CERTIFICATION OF FAMILY and/or DEPENDENT RELATIONSHIP

If resident 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, Son, Daughter, etc...)

Signature: ____________________________  Date: ____________________________

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.

Signature: ____________________________  Date: ____________________________

(Rank)  (Title)  (Organization)

For NMT Registrar Only

Approved □  Denied □  for Fall Term □  Spring Term □  Summer Term □  Year: 20 __ __ __

Reviewed by: ____________________________  Date: ____________________________