



VETERAN'S Out-of-State Fee WAIVER

Student Name: _____ Term: _____

Student ID#: _____

1. _____ (initial) I understand, this Veteran's Waiver form must be completed and a copy of the DD214 attached prior to the start of each term in which I plan to register.

2. _____ (initial) I understand this Veteran's Waiver form is only effective for the term listed above.

3. _____ (initial) I understand that once I have obtained a minimum of (2) Florida residency documents (i.e., FL driver's license, FL vehicle tag registration, FL voter's registration) with effective dates that are 12 months prior to the start of the term for which I plan to register and have provided said documents to the Admissions Office for verification, this waiver will no longer be required.

4. _____ (initial) I understand the terms and conditions of this fee waiver as listed below:

- Honorable discharged veterans
- US Armed Forces, US reserve forces, or the National Guard
- Student must physically reside in FLORIDA while enrolled in the institution
- The waiver is applicable for 110 percent of the required credit hours of the degree or certificate program

I acknowledge I do not qualify as a Florida Resident for Tuition Purposes for the term I am requesting a waiver for my out-of-state tuition and fees. If I should qualify for a future term, it will be necessary for me to file the required documentation before the beginning of the term to be considered for Florida Residency for Tuition Purposes. I understand that, if this waiver is applied to my account, I may not be eligible for state financial assistance.

Student Signature Date

=====

For Office Use Only:

Processed by: _____ ***Date*** _____
Student Affairs Staff Member