

NATIONAL GUARD 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 a member of the National Guard. I request a waiver of nonresident tuition for the above term at the University of New Mexico.

DATE SIGNATURE

ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

Part II. 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