



# Active Duty Military Tuition Waiver

Office of Enrollment Services | Phone: 575.562.2178 | Fax: 575.562.2118 | ENMU Station 7

## Applicant Information

Student name: Last: \_\_\_\_\_ First: \_\_\_\_\_ ENMU ID: \_\_\_\_\_

Active duty personnel name: \_\_\_\_\_

Please select with term you are starting:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

Select one:  Active duty military/Dependent  Foreign active duty military/Dependent

New Mexico National Guard/Dependent

## Certification of Eligibility

I, \_\_\_\_\_ certify I am in the military service of the United States, on active duty, and I am  
Full name of military personnel

presently stationed at \_\_\_\_\_ within the exterior boundaries of the state of New Mexico.

This active duty assignment is for the period from \_\_\_\_\_ to \_\_\_\_\_  
Month and year Month and year

On the basis of the Senate Bill No. 35, I request resident tuition status for \_\_\_\_\_ beginning  
Myself/my spouse/my dependent (choose one)

the academic session indicated above. I understand this waiver continues as long as the student is enrolled in each regular semester (fall, spring) and my active duty military status persists.

## Certification of Commanding Officer

I certify the applicant has verified the above information to me and, to the best of my knowledge and belief, the information is true and correct.

\_\_\_\_\_  
Commanding officer printed name

\_\_\_\_\_  
Commanding officer signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rank, title

\_\_\_\_\_  
Unit/branch

## Verification of Status

I understand this is a temporary waiver of nonresident tuition based solely on my active duty military status, and my qualifications, my spouse's or my dependent's qualifications under Senate Bill No. 35 must be verified in writing to the Office of Enrollment Services.

\_\_\_\_\_  
Signature of military personnel

\_\_\_\_\_  
Rank, title

\_\_\_\_\_  
Signature of student if spouse or dependent

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

## For Office Use Only

**Approved | Waiver approved starting:**  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

**Denied | Reason(s) for denial:**  Duty assignment ended  Duty assignment outside of New Mexico

Not an eligible relationship  Not active duty military

\_\_\_\_\_  
Reviewer printed name

\_\_\_\_\_  
Reviewer signature

\_\_\_\_\_  
Date