

**VETERAN/DEPENDENT OUT OF STATE TUITION WAIVER PROGRAM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Student ID: \_\_\_\_\_

I am requesting a waiver for:  Fall  Spring  Summer Year \_\_\_\_\_

Select one:  Veteran (Out of State)  Veteran Dependent (Out of State)

Name of Courses: List the course number and reference number	
<u>Course ID</u>	<u>Reference Number</u>

I, the undersigned, acknowledge the following:

- My waiver of tuition will only be applied to eligible out of state fees; I understand a portion will still be owed.

\_\_\_\_\_  
 Signature (Student)

\_\_\_\_\_  
 Date

**FOR PALM BEACH STATE COLLEGE INTERNAL USE ONLY**

**Registrar's Office:**

Palm Beach State College shall waive allowable fees for each recipient who is eligible for a Veteran or Veteran Dependent where:

- (a) Student does NOT have 3<sup>rd</sup> attempt courses waived.
- (b) Student has submitted appropriate documentation to the Registrar's Office.
  - i) Form DD-214.
  - ii) They have been honorably discharged.
  - iii) They physically reside in Florida.

OR

- (c) Student is entitled to and uses educational assistance provided by the United State Department of Veterans Affairs.

Verified (FSS 1009.26):  Yes  No

\_\_\_\_\_  
 Signature (Registration Rep.)

\_\_\_\_\_  
 Registration Rep. Name (Printed)

\_\_\_\_\_  
 Date

**Cashier's Office:**

Customer Number: 2317 Veteran (Out of State)

Customer Number: 2495 Veteran Dependent (Out of State)

Contract: \_\_\_\_\_

Contract: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_