

Government of The United States Virgin Islands OFFICE OF VETERANS AFFAIRS



St. Croix: Tel.: (340) 773- VETS (8387) Fax: (340) 692-9563 St. Thomas: Tel.: (340) 774-VETS (8387) Fax: (340) 714-0589

VETERAN UVI TUITION WAIVER

Name of Veteran:				
	(First)	(Middle)	(Last)	
Last 4 of SSN	Branch of Se	ervice:		
Time In Service (Ac	tive Duty):	yrs Type of	Discharge:	
Semester: Spring	Summer	Fall		
Academic Year:	ar: Island District: Email Address:			
Nan	ne of Course(s):	Date	Cost	
			Total:	

I Certify that I, the above-named Veteran, served in the Armed Forces of the United States of America and was released Under Conditions Other than Dishonorable. I also certify that I have not been previously approved for a tuition wavier for any of the classes that I am seeking a waiver for now. I understand that if I am found to have been issued a waiver for the same class twice, I will fully reimburse the Virgin Islands Government for those classes before being granted a waiver for any other class at UVI. I further certify that I am not entitled to have my tuition paid by any Federal funds made available to Veterans for college tuition.

Date

Veteran

Based on documents filed in the Virgin Islands Office of Veterans Affairs, I certify that the above-named Veteran has met all eligibility requirements for enrollment, <u>tuition free</u>, at the University of the Virgin Islands pursuant to Section 471 of Chapter 33, Title 17, Virgin Islands Code, Act No. 8147

Date

Certifying Officer

Date

Director of Veterans Affairs

NOTE: Document is valid with Director's signature only but not with just certifying officer's signature.