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

UVI Center for Excellence in Leadership and Learning (UVI CELL)
VETERAN TUITION WAIVER

Name of Veteran: _____ _____ _____
(First) (Middle) (Last)

Last 4 of SSN _____ Branch of Service: _____

Time In Service (Active Duty): _____ yrs Type of Discharge: _____

Island District: Email Address: _____

Name 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 UVICELL. 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, tuition free, at the University of the Virgin Islands - UVI Center for Excellence in Leadership and Learning (UVICELL) 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.