

The



Government of
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 CELL 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: STT / STJ / WA _____ STX _____

| Name of Course(s): | Date | Cost |
|--------------------|------|------|
| | | |
| | | |
| | | |
| | | |

Total:

Based on documents of filed in the Virgin Islands Office of Veterans Affairs, I Certify that the above-named Veteran served in the Armed Forces of the United States of America and was released Under Conditions Other than Dishonorable.

I further certify that the above-named Veteran has met all eligibility requirements for enrollment, **tuition free**, at the University of the Virgin Islands Community Engagement & Lifelong Learning (CELL) pursuant to Section 471 of Chapter 33, Title 17, Virgin Islands Code as Amended by Bill No. 26-0119 Act No. 6783.

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.