



**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 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 filed in the Virgin Islands Office of Veterans Affairs, 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 approved for a tuition waiver 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 any class twice, I will reimburse the Virgin Islands Government for those classes subsequent to the first waiver approval before being granted another waiver for any class at UVI or UVICELL.

Date _____ Veteran

I 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.