



**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 Service: _____

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

Semester: _____ Spring _____ Summer _____ Fall

Academic Year: _____ 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 pursuant to Section 471 of Chapter 33, Title 17, Virgin Islands Code as Amended by Bill No. 5450. Act No. 3248

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.