

## The United States Virgin Islands OFFICE OF VETERANS AFFAIRS



St. Croix:

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## **VETERAN UVI TUITION WAIVER**

Name of Veteran:					_
	(First)	(N	liddle)	(Last)	•
Last 4 of SSN	Branch of	f Service:			
Time In Service (Acti	ve Duty):	yrs	Type of Disc	charge:	
Semester:	Spring		Summer	Fall	
Academic Year:	Island Dist	rict: STT / STJ	/ WA	STX	<u></u>
Name	e of Course(s):		Da	te	Cost
				TD 4.1	
released Under Condi tuition wavier for any issued a waiver for an	tions Other than I of the classes that y class twice, I was for any class at 1	Dishonorable. I I am seeking a ill reimburse th UVI or UVICE	also certify that waiver for now e Virgin Islands LL. I further ce	at I have not been proceed. I understand that if its Government for the rtify that I am not entity that I am not e	tes of America and was eviously approved for a I am found to have been ose classes before being titled to have my tuition
Date			Veteran		
	requirements for e	nrollment, <u>tuit</u>	ion free, at the	University of the Vin	e above-named Veteran rgin Islands pursuant to et 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.