

**VETERANS TUITION WAIVER APPLICATION**

University of Connecticut  
Office of the Provost  
Office of Veterans Affairs & Military Programs  
337 Mansfield Road, Unit 1264  
Storrs, CT 06269-1264

**INSTRUCTIONS**

- Complete this form in its entirety.
- Be sure to clearly print your Student ID Number on each subsequent page submitted as supporting documentation for Section 5.
- Return the completed form to the Veterans Education Benefits Unit in Arjona Building, Room 340.

**Phone:** (860) 486-2442  
**E-mail:** veterans@uconn.edu  
**Website:** veterans.uconn.edu

**Applications must contain an original signature and cannot be accepted via fax.**

| SECTION 1: Student Information   |   |                   |
|--|---|-------------------|
| Last Name  | First Name  | MI                |
| Date of Birth  | Place of Birth (city and state)   | Cell Phone Number |
| Student ID   | Home Phone Number   | E-mail Address    |
| Permanent Address (street, city, state and zip)  |   |                   |
| Current Address (street, city, state and zip)  |   |                   |
| How long have you lived in Connecticut?<br>_____ years _____ months  | Were you living in the state of Connecticut at the time of your admission?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |
| Do you currently hold a valid driver's license?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   | If you hold a valid driver's license, complete this section.<br>_____ state of issuance<br>_____ driver's license number<br>_____ issue date _____ expiration date                          |                   |
| Do you own an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, what state is it registered in? _____  | Have you ever voted in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which state and year did you last vote?<br>_____ state _____ year             |                   |
| Did you file federal/state income taxes in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, in which city/state did you file? _____  | Did your parent or guardian claim you as a dependent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                   |
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced<br>Spouse's Full Name: _____<br>Spouse's Permanent Address (street, city, state, zip):<br>_____<br>_____  | Is your spouse stationed in Connecticut under Military Orders?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Current Address (street, city, state, zip):<br>_____<br>_____ |                   |
| SECTION 2: Degree Information  |   |                   |
| Campus Attending   | Educational Goal (Major)  |                   |
| Type of Program:<br><input type="checkbox"/> Undergraduate (excluding BGS) <input type="checkbox"/> Graduate (excluding MBA) <input type="checkbox"/> BGS <input type="checkbox"/> MBA <input type="checkbox"/> Law  |   |                   |
| <b>Important:</b>  |   |                   |
| <ul style="list-style-type: none"> <li>• Students must be admitted to a degree granting program.</li> <li>• Veteran's tuition waivers cannot be granted for any certificate program.</li> <li>• Veteran's tuition waivers may not be used for summer or winter classes.</li> </ul> |   |                   |

**SECTION 3: Military Service Information**

|  |          |      |   |                      |                           |
|--|----------|------|---|----------------------|---------------------------|
| Branch of Service  | Location | From | To  | Residence Upon Entry | Residence Upon Separation |
|  |          |      |   |                      |                           |
| <b>Type of Discharge:</b><br><input type="checkbox"/> Honorable <input type="checkbox"/> Under Honorable Conditions<br><input type="checkbox"/> Other (Specify) _____  |          |      | <b>Are you currently on active duty?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, where are you stationed? _____  |                      |                           |
| <b>Will you be receiving Chapter 33 (Post 9/11 GI Bill [The "New" GI Bill]) for this academic year?</b><br><input type="checkbox"/> Yes    If yes please indicate what percentage _____<br><input type="checkbox"/> No |          |      | <b>Have you ever re-enlisted in the Armed Forces?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, can you provide a Certificate of Discharge or DD-214?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |                      |                           |

**SECTION 4: Applicant's Addresses for the Past Two Years**

| From |       | To   |       | Address (street, city, state, zip) |
|------|-------|------|-------|------------------------------------|
| Year | Month | Year | Month |                                    |
|      |       |      |       |                                    |
|      |       |      |       |                                    |
|      |       |      |       |                                    |
|      |       |      |       |                                    |
|      |       |      |       |                                    |
|      |       |      |       |                                    |
|      |       |      |       |                                    |

**SECTION 5: Required Documentation**

Attach a copy of your current/valid **driver's license**, a certified/notarized copy of your **DD-214 form** (member #4) and **one of the following**:

- copy of your most recent automobile registration
- copy of your most recent federal income tax return (form 1040)
- certified copy of your voter registration form

**SECTION 6: Certification**

*I \_\_\_\_\_ hereby declare under penalty of law, that the information herein provided is complete and accurate to the best of my knowledge and belief. I understand that my failure to disclose fully and accurately all facts relating to this application shall be grounds for suspension or expulsion from the University.*

**\*\* For Office Use Only \*\***

Date received: \_\_\_\_\_

Approved      Date of Approval: \_\_\_\_\_      Approved By: \_\_\_\_\_  
 Denied          Date of Denial: \_\_\_\_\_          Denied By: \_\_\_\_\_