



**APPLICATION FOR ACTIVE DUTY MILITARY TUITION RESIDENCE**

This form provides formal verification that a nonresident member of the armed forces of the United States is stationed on active duty within New Mexico and as a result, the individual, their spouse, and dependent children are exempt from nonresidential tuition status. Bring this form to any Admissions Office.

For \_\_\_\_\_ 20\_\_\_\_\_  
(Term) (Year)

\_\_\_\_\_  
Student's Full Name Student's Social Security Number

**CERTIFICATION OF ELIGIBILITY**

I, \_\_\_\_\_, certify that I am in the military service of the United States, on active duty, and  
Full Name  
that I am presently stationed at \_\_\_\_\_ within the State of New Mexico.  
(Duty Station)  
This active duty assignment is for the period from \_\_\_\_\_ to \_\_\_\_\_. On the basis of Senate Bill No. 35, I  
(Month & Year) (Month & Year)  
request tuition status for \_\_\_\_\_ for the session indicated above.  
(myself, my spouse, my dependent)

**I understand that this is a temporary residence classification based solely on my active duty and that my qualifications, my spouse's, or my dependent's qualification under Senate Bill No. 35 must be verified in writing to CNM Admissions.**

Signature: \_\_\_\_\_ Address: \_\_\_\_\_  
(Number and Street)  
Date: \_\_\_\_\_  
(City, State, Zip)

**CERTIFICATION OF DEPENDENT RELATIONSHIP**

If resident status under Senate Bill No. 35 is requested for the applicant's spouse or dependent, complete this section:

I certify that \_\_\_\_\_ is my \_\_\_\_\_ and is my dependent.  
(Name of Spouse or Dependent) (Spouse, Son, Daughter, etc....)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CERTIFICATION OF COMMANDING OFFICER**

I certify that the applicant has verified the above information to me and that, to the best of my knowledge and belief, the information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Commanding Officer)  
\_\_\_\_\_  
(Rank) (Title) (Organization)

**For CNM Admissions Only**

Approved  Denied  for Fall Term  Spring Term  Summer Term  Year: 20\_\_\_\_\_  
Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_