



# APPLICATION FOR IN-STATE TUITION WAIVER for NON-RESIDENT ACTIVE DUTY MILITARY PERSONNEL STATIONED IN NEW MEXICO

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. Please submit this form to any CNM Enrollment Services office.

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

\_\_\_\_\_  
Student's Full Name Student's CNM ID 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) \*if known  
request resident 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 (or my spouse or my dependent) 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, please 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)

<b>For CNM Admissions use.</b> Approved <input type="checkbox"/> Denied <input type="checkbox"/> for Fall Term <input type="checkbox"/> Spring Term <input type="checkbox"/> Summer Term <input type="checkbox"/> Year: 20_____ Reviewed by: _____ Date: _____
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