



AFFIDAVIT FOR VETERAN OUT-OF-STATE WAIVER
Congressman C.W. Bill Young Veteran Tuition Waiver Program

Note: Once this form has been submitted, no changes to registration are permitted. Late forms will not be accepted.

Name of Student: _____ CF ID No.: _____
 Initial Request: _____ or Renewal _____ Program/Major: _____
 Term of Enrollment Request: Spring 20 _____ Summer 20 _____ Fall 20 _____

- For initial request (renewal request requires updated Certificate of Eligibility if used for initial waiver):
 If honorably discharged veteran of U.S. Armed Forces, Reserve Forces or National Guard, attach document indicating honorable discharge:
 DD214 Member-4 NGB-22 DD Form 256
 If veteran or dependent using G.I. Bill® education benefits: Certificate of Eligibility (CoE) Post-911 G.I. Bill® Statement of Benefits
- Veteran or dependent physically resides in Florida while enrolled at CF (copy of documentation attached).
 State approved residency document: _____ Issue Date: _____
- Documentation I must obtain to be reclassified as a Florida Resident for Tuition Purposes. Three state-approved documents required:
 _____ , _____ , _____

AFFIDAVIT

Florida Statute 1009.26 authorizes an out-of-state fee waiver for eligible veterans and dependents of the U.S. Armed Forces, Reserve Forces or the National Guard who physically reside in Florida while enrolled in a Florida College System institution.

_____ I understand that if I register for a course that is not required for my degree or certificate I will be charged the out-of-state tuition rate for that course.
Initial

_____ I understand that I will be charged the full cost of instruction for a third attempt in a course.
Initial

I understand that dependents must apply for a new tuition waiver for subsequent terms and provide proof of physical presence in Florida in addition to a new Certificate of Eligibility if a CoE was used for the initial waiver. The new CoE must be dated after the end of the Add/Drop period for the previously enrolled term. All documentation is subject to verification. Additional documentation may be requested.

Student Signature: _____ Date: _____

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA).

Office Use Only	
Enrollment Services	
Admission Specialist Name: _____	Date: _____
Is MA address a FL address: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> DD214 or <input type="checkbox"/> NGB-222 or <input type="checkbox"/> DD256 or <input type="checkbox"/> Certificate of Eligibility
Dependent using G.I. Bill® Educational Benefits: <input type="checkbox"/> Certificate of Eligibility or <input type="checkbox"/> Post-911 G.I. Bill® Statement of Benefits	
Verified dates on Certificate of Eligibility or DoD Memo to ensure benefits are still active: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Documentation used this term to confirm physical presence in Florida: _____	
Total credits registered for this term: _____	
Credits registered this term applicable to major including Dev. Ed.: _____	
Credits registered this term applicable to major and third attempt(s): _____	
Third attempt course number(s): _____	
Total credits (out of state) waived: _____	
Approval Signature: _____	Date: _____