



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
Office of Veterans and Military Advising

## Non-Resident Tuition Waiver Form for Military Personnel, Veterans, Spouses and Dependents

Section 54.058 of the Texas Education Code Provides for certain veterans, their spouse and dependent children (under the age of 25) to be entitled to pay tuition and fees at an institution of higher education at the rates provided for Texas residents regardless of the length of time the person has resided in the state, given entitled persons file with the institution a letter of intent to establish residency and reside in Texas while enrolled in the institution. **This tuition waiver provision is provided for those individuals eligible for benefits under the federal Post-9/11 Veterans Educational Assistance Act of 2008 (38 U.S.C. Section 3301 et seq.) or any other federal law authorizing educational benefits for veterans.**

**Please provide proof of eligibility for educational benefits upon submission of this form.**

This form must be completed prior to the census date of the first semester of enrollment. Following the completion of the academic year (fall, spring, and summer term), the student will be required to submit a Residency Questionnaire form and supporting documentation to determine residency classification for subsequent enrollment terms. **Failure to submit a Residency Questionnaire at the conclusion of the student's first academic year may result in a reinstatement of non-resident tuition and fees on future terms.**

Eligible applicant must complete sections A, B, and C.

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### *Section A- Student Information*

Student Name: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

R#: \_\_\_\_\_

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Applying as:

☐ Veteran

☐ Spouse

☐ Dependent

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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### *Section B- Veteran Military Benefit Information*

Name of Veteran: \_\_\_\_\_

SSN of Veteran: \_\_\_\_\_

Eligible Benefits:

- ☐ Chapter 30- Montgomery GI Bill
- ☐ Chapter 32- Veterans Educational Assistance Program (VEAP)
- ☐ Chapter 33- Post 9/11 GI Bill
- ☐ Chapter 35- Dependents Educational Assistance (DEA)

- ☐ Chapter 1606- Montgomery GI Bill- Selected Reserve
- ☐ Chapter 1607- MGIB- Reserve Educational Assistance Program (REAP)

I certify that the military service information provided above is accurate and that the individuals listed as dependents are eligible for this benefit in accordance with Texas law.

\_\_\_\_\_  
Signature of Veteran

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (If spouse/dependent of veteran)

\_\_\_\_\_  
Date

#### **For Veterans Affairs Office Use Only**

Benefits Verified: ☐ Yes ☐ No

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
Office of Student Services Registrar Financial Aid

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*Section C- Letter of Intent*

**LETTER OF INTENT**

This Letter of Intent gives testament to my plans to establish residency here in the state and to reside in the state while enrolled at Texas Tech University Health Sciences Center. Failure to complete the Letter of Intent may result in a processing delay of my non-resident tuition waiver request.

In signing this Letter of Intent, I declare that I have established my permanent domicile here in the state and reside in the state during the time of enrollment at the university. I understand that failure to establish and maintain residence in the state will result in the reinstatement of non-resident fees on my student account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
R#

Return to:  
Texas Tech University Health Sciences Center  
3601 4<sup>th</sup> Street Mail Stop 8310 Lubbock, TX 79430  
Phone: 806.743.2300 Fax: 806.743.3027  
Email: va@ttuhsc.edu