MILITARY WAIVER

ovac

or service members and Dependents stationed in Texas				
A. SERVICE MEMBER (IF STUDENT) AND/OR SPONSOR (Mandatory Field)				
SELECT TERM WAIVER WILL BEGIN: 🗌 FALL 🗌 SP	RING 🗌 SUMMER	YEAR	_	
FIRST NAME LAST NAME	RANK	UNIT/INSTALLATION	_	
STUDENT ID (If applicable) SIGNATU	JRE (Service Member)	DATE	_	
B. STUDENT DEPENDENT INFORMATION (As Required)				
Child Spouse Other				
FIRST NAME	LAST NAME			
STUDENT ID	DEPENDENT SIGNATURE	E DATE	_	
C. COMPANY COMMANDER INFORMATION (Mandatory Field)				
COMPANY COMMANDER SIGNATURE		DATE	-	
Privacy Act Statement Authority: Title 10 USC, Section 4302 and DOD Directive 1322.8, 4 Feb 8 Principal Purpose: To provide The University of Texas at El Paso with w Routine Use: This form must be submitted by the service member or hi form becomes part of the student's record and the property of the colle Disclosure: Furnishing this information, including your military ID is vo	rritten verification of service membe is/her dependent each academic yea sge.	ear (3 terms) in order to obtain Texas resident tuition rates. This		

PROCESSED BY:		
Office of Admissions and Recruitment:	PRINTED NAME	SIGNATURE
Military Student Success Center:	PRINTED NAME	SIGNATURE



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