



# Veterans' Dependent Tuition Waiver Eligibility and Instructions

<b>Admission</b>	➤ Student must be admitted to a degree program at an Oregon University System campus.
<b>Conditions</b>	<ul style="list-style-type: none"> <li>➤ The student must be a child (includes adopted child or stepchildren), a spouse, or <b>un-remarried</b> surviving spouse of a member of the United States Armed Forces who: 1) died while on active duty <b>after 9/11/01</b>, or 2) died due to a service-connected condition <b>sustained after 9/11/01</b>, or 3) is rated 100% disabled by the Department of Veteran Affairs for a service-connected disability <b>sustained after 9/11/01</b>.</li> <li>➤ An eligible child must be <b>23 years of age or younger</b> at the time the child applies for the waiver.</li> </ul>
<b>Degree Choice</b>	<ul style="list-style-type: none"> <li>➤ A child who is older than 23 years of age is eligible for a waiver for a master's degree program if the child: 1) Applied for and received a waiver for a baccalaureate degree when the child was 23 years of age or younger; and 2) applied for a master's program waiver within 12 months of receiving a baccalaureate degree.</li> <li>➤ Some courses that may be excluded from this remission include post-baccalaureate courses, certificate programs, additional undergraduate degrees, distance education classes, self-supported classes, and other campus-designated programs.</li> </ul>
<b>Residency</b>	➤ <b>The student must meet Oregon residency requirements as stipulated within OAR 580-010-0030 through 580-010-0045.</b>
<b>Award Amount</b>	<ul style="list-style-type: none"> <li>➤ The maximum waiver granted under this remission program shall be: 1) The total number of attempted credit hours equal to four years of full-time attendance for a baccalaureate degree, and 2) the total number of attempted credit hours equal to two years of full-time attendance for a master's degree.</li> <li>➤ The waiver may not exceed the total number of credit hours the qualified student needs to graduate with a baccalaureate degree or a master's degree. Transferred credit hours accepted for a degree program may or may not count toward the total credit hours needed for degree completion.</li> <li>➤ <b>This benefit is applied to tuition before other campus-based financial aid packages are applied. This may affect campus financial aid awards.</b></li> <li>➤ <b>This benefit will not apply to previously completed terms (not retro-active).</b></li> </ul>
<b>Other Details</b>	<ul style="list-style-type: none"> <li>➤ <i>The qualifying student, whether child, spouse, or un-remarried spouse, must also provide proof of the veteran's active duty status in the armed forces after September 11, 2001. Proof must be supplied by the U.S. Department of Veterans Affairs office.</i></li> <li>➤ <b>The attached form is due to the Veterans Certifying Official no later than 14 days before the applying term.</b> <b>Exceptions may be made on a case-by-case basis.</b></li> </ul>
<b>Submit completed form to the campus Veterans Certifying Official</b>	EOU: Inlow Hall, Room 109, Kelie Mahon (541) 962-3504
	OIT: Snell Hall Lower Level, Susan Richards (541) 885-1302
	OSU: 102 Kerr Admin Building, Melanie McNaughton (541) 737-0601
	PSU: 104 Neuberger Hall, Robert Hindahl (503) 725-5523
	SOU: Enrollment Services BR 230, Scott Chadick (541) 552-6757
	UO: 220 Oregon Hall, Mary Earp (541) 346-3119
WOU: 345 N. Monmouth Ave, Twi Tish (503) 838-8185	



**OREGON UNIVERSITY SYSTEM (OUS)  
VETERANS' DEPENDENT TUITION WAIVER APPLICATION**

*Applicant to complete Sections A through E, then submit signed application to the Veterans Certifying Official at the OUS institution where enrolled for further processing at least 14 days prior to start of applying term. Gray box to be completed last by Campus Veteran Certifying Official.*

**A. Applicant Section:**

Applicant's Name (First-Middle-Last): \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Applicant's Campus ID# (if known): \_\_\_\_\_

*I certify that I am a qualified dependent (legal child under the age of 23, spouse, or un-remarried surviving spouse) of an active duty Military Service veteran, as defined in Chapter 39, 2008 Oregon Laws, who: 1) died while on active duty after 9/11/01, or 2) died due to a service-connected condition sustained after 9/11/01, or 3) is rated 100% disabled by the Department of Veteran Affairs for a service-connected disability sustained after 9/11/01*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

**B. Applicant Consent to Release Information Section:**

*I certify that all information provided on this form is true and correct to the best of my knowledge. I agree to provide proof of the information cited in this application if requested. If I am eligible to receive funding for tuition through this fee remission program, I understand that I am responsible for all applicable fees, if any, required to attend classes at the university where I am enrolled. I also understand that this benefit is applied to tuition before other campus-based financial aid and that receipt of funding through this fee remission program may affect my campus financial aid award. I hereby give permission for my information to be used for OUS public reporting purposes.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Institution Certification Section – Veterans Certifying Official:**

*According to University records, I certify the veteran's dependent applying for the tuition waiver meets the admission, Oregon residency, age, and degree program restrictions as defined in Chapter 39, 2008 LAWS.*

\_\_\_\_\_  
Campus Veteran's Certifying Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Veteran's Certifying Official Printed Name



OREGON UNIVERSITY SYSTEM (OUS)
VETERANS' DEPENDENT TUITION WAIVER APPLICATION

VA: An OUS student has applied for a tuition waiver. Please complete section F and mail or fax to the School Certifying Official listed at the bottom of this page.

C. Applicant Information Section: (Completed by Applicant)

Applicant's Full Name (F-M-L): \_\_\_\_\_ Applicant's SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship to Veteran: [ ] Spouse [ ] Surviving Spouse [ ] Child [ ] Stepchild [ ] Adopted Child

D. Veteran's Information Section: (Completed by Applicant)

Veteran's Name (First-Middle-Last): \_\_\_\_\_

Veteran's SSN: \_\_\_\_\_ Veteran's VA File # (if known): \_\_\_\_\_ Veteran's DOB \_\_\_\_\_

E. Applicant's Consent to Release Information: (Completed by Applicant)

I certify the information provided on this form is true and correct and I authorize the Department of Veteran Affairs to release the information requested below to the Oregon University System to establish my eligibility for a tuition waiver.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

F. Veterans' Administration Section: (Completed by Department of Veteran Affairs)

Veteran served on active duty after 9/11/01? [ ] Yes [ ] No

VA has verified the applicant's relationship to the Veteran? [ ] Yes [ ] No

Veteran died while on active duty after 9/11/01? [ ] Yes [ ] No

Veteran died due to a service-connected condition sustained after 9/11/01? [ ] Yes [ ] No

Veteran has a 100% service-connected disability for conditions sustained after 9/11/01? [ ] Yes [ ] No

I certify the above questions are answered accurately based upon my review of the veteran's record.

VA Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

VA Representative Printed Name \_\_\_\_\_

Return to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax#: \_\_\_\_\_