



# MILITARY DEPENDENT APPLICATION FOR WAIVER OF NON-RESIDENT TUITION

Student Name (Please Print) \_\_\_\_\_ SWC ID# \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ TERM:  SP  SU  FA \_\_\_\_\_

This waiver is for:  Spouse  Adult Child  Minor Child (under 19 years of age) DOB \_\_\_\_\_

*I declare under penalty of perjury that the foregoing statements made by me are true and correct. I understand that any misrepresentation will result in my immediate dismissal.*

\_\_\_\_\_  
Student Signature Date

**FOR COMMANDING OFFICER OR PERSONNEL OFFICER USE ONLY**

I certify that \_\_\_\_\_ is stationed in California, on active duty, at

Duty station \_\_\_\_\_ Date of Assignment: \_\_\_\_\_ Expires: \_\_\_\_\_

Home of record as shown on military records: \_\_\_\_\_

Does this person expect to be stationed in California on the residency determination date?  Yes  No

Present stay in California began for student: \_\_\_\_\_.

I certify the above information to be correct according to military records.



\_\_\_\_\_  
Commanding Officer or Personnel Officer Signature Date

**FOR SOUTHWESTERN COLLEGE-ADMISSIONS OFFICE USE ONLY**

Military Dep. ID valid until \_\_\_\_\_  \_\_\_\_\_ Previous Year Federal Tax Returns  Marriage Certificate if married less than one year.  BILL  STNT Date: \_\_\_\_\_ Verified by: \_\_\_\_\_

TERM/YEAR	DEP ID EXP DATE	XAPP	BILL	STNT	CLERK
SP/ SU/ FA/					
SP/ SU/ FA/					
SP/ SU/ FA/					
SP/ SU/ FA/					