

**TUITION REDUCTION FOR VETERANS
 (GRADUATE/PROFESSIONAL STUDENTS)**

ELIGIBILITY: You are eligible to pay reduced tuition and fees (50% in-state tuition rate) if you are a Washington domiciliary who was an active or reserve member of the United States military or naval forces, or a national guard member called to active duty, who served in active federal service, under either Title 10 or Title 32 of the United States Code, in a war or conflict fought on foreign soil or in international waters or in another location in support of those serving on foreign soil or in international waters, and if discharged from service, has received an honorable discharge.

CONDITIONS: The waiver is awarded to graduate/professional students pursuing their first master's/professional degree at the University of Washington. However, you are not eligible for this tuition waiver if you have previously received a veteran's tuition waiver/reduction at the University of Washington. Students must be registered for a minimum of 10 credits to qualify. Waivers will not be awarded to students participating in fee-based courses or programs. For additional information, please refer to the Washington Administrative Code (WAC), section 478-160-163.

PROCEDURES: Complete the application section below and attach a copy of your DD-214 (member copy #4) or other supporting documentation showing your qualifying service.

INFORMATION: Bothell Campus: 425-352-5307; Seattle Campus: 206-543-6122; Tacoma Campus: 253-692-5721

APPLICATION SECTION

	Seattle	Bothell	Tacoma
Name _____			Student Number _____
Email _____			Daytime Phone _____
Address _____			
Street	Apartment	City	State Zip Code

For what quarter/year are you applying? _____

Graduate/Professional degree name: _____

Number of credits required for full-time status in degree program: _____

Is this your 1st master's/professional degree? Yes _____ No _____

Have you received a tuition waiver/reduction from another institution of higher learning in the State of Washington? Yes _____ No _____ **If so, where?** _____

I certify that I meet the eligibility requirements and conditions listed above.

_____ Signature

_____ Date

FOR OFFICE USE ONLY

DD-214 (member copy #4)	
WA Domiciliary	
Credit Certification from advisor	