I hereby apply for exemption from registration and incidental fee charges at Montana State University in accordance with the Laws of Montana and Montana University System Board of Regent’s policy.

________________________________________________________
Applicant’s Name (please print)
________________________________________________________
MSU Student ID#
Address (street)__________________________ (city)___________________ (zip)________
Telephone ____________________________

1. Received an “honorable” discharge (Honorable Under General Conditions will not be accepted) for service on active duty for other than training purposes. _____yes _____no
2. a) Served on active duty for other than training purposes during one of the following periods: 12/7/41 through 12/31/46, 6/22/50 through 1/31/55, 1/1/64 through 5/7/75. _____yes _____no
   b) Received an Armed Forces Expeditionary Medal for service after May 7, 1975. _____yes _____no
   c) Served in a combat theater in the Persian Gulf between August 2, 1990 and April 11, 1991 and received the Southwest Asia Service Medal. _____yes _____no
   d) Awarded the Kosovo Campaign Medal. _____yes _____no
   e) Awarded Global War on Terrorism Expeditionary Medal, Afghanistan Campaign Medal, or Iraq Campaign Medal. _____yes _____no
3. Working on initial associate degree or initial baccalaureate degree. _____yes _____no
4. Bona fide resident of Montana for fee and tuition purposes at MSU. _____yes _____no
5. At one time eligible to draw VA educational benefits. _____yes _____no
6. VA educational benefits have expired or have been exhausted. _____yes _____no
7. Received the Veteran Tuition Waiver while attending another unit of the Montana University System. _____yes _____no
8. Date you plan to begin using the waiver at MSU-Bozeman __/_/____

To the best of my knowledge, the above information is accurate.

________________________________________________________/____/____
Applicant’s Signature Date

THIS APPLICATION MUST BE ACCOMPANIED BY A COPY OF FORM DD 214 FOR THE RELEVANT PERIOD OF SERVICE.

To be completed by the MSU Office of Veterans Affairs
Action: _____Approved _____Denied Date of Action____/____/____ Initials of Staff Member_____