

**Application for  
HONORABLY DISCHARGED VETERAN TUITION WAIVER**

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 \_\_\_\_\_