



Veterans Student Affairs • 877-736-2575 • VeteranStudentAffairs@hccfl.edu

C.W. "BILL" YOUNG OUT-OF-STATE TUITION WAIVER REQUEST FORM

By completing this form you are notifying the institution of your intent to enroll. You will still need to complete the appropriate registration documentation for your course or program. Submit completed form prior to the semester's **payment due date** to avoid being de-registered and to avoid late registration fees.

Student ID: _____ Phone Number: _____

Last Name: _____ First Name: _____ MI: _____

Permanent Home Address: _____
Street City State Zip

Local Home Address: _____
Street City State Zip

I am requesting a waiver for: Fall Spring Summer Year _____

Verification: (DD-214 plus at least one other document)

- Veteran Status (DD-214) - **REQUIRED**
- Florida driver's license or identification card.
- Florida voter or vehicle registration.
- Current lease.
- Utilities bill.
- Declaration of domicile in Florida.
- Proof of permanent employment in Florida (Letter on company letterhead stating that the claimant will be employed at least 20 hours per week).
- Other.

Have you previously attempted a course on your current schedule? Yes No
(Courses with a "W" or "FX" grade counts as an attempt).

If so, which one(s)? _____

I, the undersigned, acknowledge that I am an honorably discharged veteran of the United States Armed Forces, the Reserve Forces, or the National Guard who physically resides in the state of Florida while enrolled at Hillsborough Community College.

Student Signature

Date

FOR HCC USE ONLY

Reviewed By: _____ Campus: BR CS DM PC SS YB Date: _____