



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

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

By completing this form the student is notifying the institution of their intent to enroll. They will still need to complete the appropriate registration documentation for their course or program. This completed form needs to be submitted 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

Student is requesting a waiver for: Fall Spring Summer Year _____

Verification: (COE plus at least one other document)

- Dependent Status (Certificate of Eligibility) - **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 a dependent of an honorably discharged veteran of the United States Armed Forces, the Reserve Forces, or the National Guard who is entitled to and uses educational assistance provided by the Department of Veterans Affairs 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: _____