



Maricopa County Community College District (MCCCD) Qualified* Non-Employee Tuition Waiver Request

Instructions to Requester: Complete this form for each college that you plan to attend this semester. If you plan to attend more than one college, you must complete more than one form. Please keep a copy for your records. Tuition waiver requests will only be honored through the semester in which the class ends. This waiver is subject to limitations imposed by law. If you add or change classes at a later date (but within the same semester), a new form will need to be completed. Failure to submit proper forms can result in assessment of applicable tuition charges. To avoid any delays in your registration, attach your payment to this form for any fees you owe in addition to the credit hour cost. Please fill out this form completely and accurately and give to the cashier at the college where you are registered. *Incomplete and/or older forms will not be processed.*

Personal Information

Name _____ Student ID _____ Date _____

Phone _____ Last 4-Digits of Social Security Number ____ _

- Dependent child or un-remarried spouse of an Arizona Peace Officer, Firefighter, Emergency Paramedic, or Arizona National Guard Member or Member of the United States Armed Forces who was a resident of the state of Arizona or stationed in Arizona Killed in the Line of Duty
- Arizona National Guard Member who received a purple heart citation on or after 9/11/01 or a former Arizona National Guard Member medically discharged due to injury or disability suffered during status
- An Armed Forces or Former Armed Forces Member who received a purple heart citation on or after 9/11/01 with a disability status greater than 50% and at the time of injury resided or was stationed in Arizona

College and Course Enrollment Information

Semester _____

- PC GCC GWCC MCC SCC RSCC SMCC CGCC PVCC EMCC MSC SWSC Other (List): _____

Prefix & No.	Section No.	Days	Times	Credit Hours

Requestor's Statement of Certification, Understanding, and Agreement

Pursuant to ARS §15-1808 I certify that I am:

- The dependent child or un-remarried spouse of _____, an Arizona Peace Officer, Firefighter, Emergency Paramedic, or Arizona National Guard Member or Member of the United States Armed Forces who was a resident of the State of Arizona or stationed in Arizona Killed in the Line of Duty*
- An Arizona National Guard Member who received a purple heart citation on or after 9/11/01 or a former Arizona National Guard Member medically discharged due to injury or disability suffered during status*
- An Armed Forces or Former Armed Forces Member who received a purple heart citation on or after 9/11/01 with a disability status greater than 50% and at the time of injury resided or was stationed in Arizona*

I understand and agree that:

- the waiver for the above-listed class(es) is for the in-county credit-hour cost only (does not include out-of-county, out-of-state, distance learning or other surcharges); waiver for no other fee is expressed or implied by the acceptance of this request. Credit by examination or evaluation is not eligible for waiver;*
- should my eligibility status, as indicated above, change prior to the end of the semester, I will pay the tuition for the above-listed class(es) or I will be dropped from instruction;*
- this tuition waiver is limited to no more than sixty-four credit hours, including any transfer credits from an Arizona community college, or equal to the number of credits required for a baccalaureate degree at an Arizona university for my initially declared course of study;*
- this tuition waiver is limited to dependents who are thirty years of age or younger or a spouse who has not remarried (if applicable); and*
- the number of withdrawals for the same course number (i.e., ECN211) is limited to two (2). Upon the third attempt, I may not use a tuition waiver to register for any course for which I have previously received two W, Y, Z or F grades and I must pay applicable course costs. The intent of this limitation is to address the potential (or possible) misuse of public funds for any activity indicating a pattern of non-participation, non-attendance and non-completion (e.g., multiple withdrawals or "Z" grades).*

Student Signature _____ Date _____

College Personnel/Fiscal Office Use: Approved Denied Verification Completed By _____ Date _____

*Verification of eligibility must be received on official stationery of peace officers, fire fighters, emergency paramedics association, Adjutant National Guard, Arizona Attorney General's Office, or Arizona Department of Veterans Affairs. Verification may also be sent from the agency designee via email to the Manager of the Office of Public Stewardship.