



# TUITION REDUCTION FOR CHAPTER 31 - VOCATIONAL REHABILITATION

## VETERAN

**ELIGIBILITY:** If you are entitled to VA educational benefits for Chapter 31, you are eligible to pay resident tuition and fees. RCW 28B.15.012(o).

**CONDITIONS:** You will be classified to receive in-state tuition; however, you will not be eligible to receive financial aid benefits that are only available for students who satisfy the statutory requirements regarding Washington State residency for tuition purposes.

**PROCEDURES:** Complete the application section and attach a copy of your VA Forms 28-1905 provided and signed by a Vocational Rehabilitation & Employment Counselor/Case Manager.

**RETURN TO:** (via postal mail or in-person)

**Tacoma Students:** Veteran and Military Resource Center, Tioga Library Bldg, Box 358417, 1900 Commerce St., Tacoma, WA 98402-3100

**Seattle Students:** Residence Classification Office, 226 Schmitz, Box 355850, Seattle, WA 98195-5850

**Bothell Students:** Office of the Registrar, Box 358500, 18115 Campus Way NE, Bothell, WA 98011

**APPLICATION DEADLINE NOTICE:** Tuition Reduction forms requesting for the change in tuition status must be submitted by the 30th day after the first day of the quarter for which this request is made. Any forms received after this deadline will be considered for the following quarter. There is no retroactive backdating for resident tuition.

ONLY SUBMIT PHOTO COPIES OF THE REQUIRED DOCUMENTS, NO PUBLIC COPIER ON-SITE.

APPLICATION AND DOCUMENTATION NOT ACCEPTED BY FAX OR EMAIL.

## APPLICATION SECTION

**Directions:** Print legibly with ink. Fully complete each section; Indicate enrolled campus, classification, quarter and year you are applying for.

\_\_\_\_\_  
Last Name, First Name, Middle Initial

\_\_\_\_\_  
Address

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

**CAMPUS:**  Tacoma  Seattle  Bothell

**QUARTER/YEAR:** \_\_\_\_\_

\*Quarter/year you are seeking in-state tuition. This tuition reduction will apply for the duration of continuous enrollment.

**I certify that I meet the criteria listed and I will notify the University of Washington if my status should change.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date