



University Registrar  
Funkhouser Building

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Fax: (859) 257-7160  
[www.uky.edu/Registrar/](http://www.uky.edu/Registrar/)

# KENTUCKY VETERAN DEPENDENT TUITION WAIVER

Dear Student:

As a recipient of a Kentucky Veteran Dependent Tuition Waiver (KRS 164.505 or .515) at the University of Kentucky, you are responsible for advising this office each semester or summer session of your intention to use the waiver. Usually this information is given to us during priority registration or during the Advising Conference Program.

### **IMPORTANT NOTICE** –

Under KRS 164.505: You have unrestricted use.

Under KRS 164.515: When any of the following are met, you have used all benefits:

- 1) 45 months of receiving benefits
- 2) finish one degree, or
- 3) reach the age of 26.

Questions should be directed to the Kentucky Center for Veterans Affairs at (502) 595-4447.

### **PLEASE PROVIDE THE FOLLOWING INFORMATION FOR OUR RECORDS:**

Previously received KVD benefits: YES  NO

At another school? \_\_\_\_\_  
Name of school

I formally request that my tuition be waived under KRS 164.505 or .515 for the session indicated below. I also confirm my intention to enroll at the University of Kentucky for:

2 \_\_\_\_\_ Fall  Spring  First summer session  Second summer session

Name (printed) \_\_\_\_\_ ID#: \_\_\_\_\_  
(Last) (First)

Permanent Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

Local Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

List courses for this semester/session:	<u>Department</u>	<u>Course Number</u>	<u>Credit Hours</u>
Example:	ENG	101-001	3
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Credit Hours: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Questions about your Kentucky Veteran Dependent Tuition Waiver at UK should be directed to (859) 257-9535.

For office use only: Tuition charges \$ _____ SAG Form _____ SAGD Form _____
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