

**TN Board of Regents  
Veterans' Dependents' Post Secondary Education Assistance  
TCA Title 49, Chapter 7, Section 102  
Waiver Form**

<b>Name:</b>	<b>Student ID:</b>
<b>Current Mailing Address:</b>	<b>Current Phone Number:</b>
<b>Date of Birth:</b>	
<b>Main Campus:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>Ft Campbell:</b> <input type="checkbox"/> Fall I <input type="checkbox"/> Fall II <input type="checkbox"/> Spring I <input type="checkbox"/> Spring II <input type="checkbox"/> Summer	<b>Hrs Enrolled/Registered:</b>
<b>My required documentation is attached to the application. I am requesting that the education assistance waiver be applied to the above term.</b>	
<b>Signature:</b>	<b>Date:</b>
----- <b>*** Do not write below this section! For OVA purposes only! ***</b> -----	
<b>Main Campus:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>Ft Campbell:</b> <input type="checkbox"/> Fall I <input type="checkbox"/> Fall II <input type="checkbox"/> Spring I <input type="checkbox"/> Spring II <input type="checkbox"/> Summer	<b>Hrs Enr/Reg:</b>
<b>Spouse:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Doc. Verified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dependent:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Status Changed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Age Limit:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Comments:</b>	
<b>Signature of APSU School Official:</b>	<b>Date:</b>