



Benefit Services
New Mexico State University
MSC 3HRS, Box 30001
Las Cruces, NM 88003-8001
Phone: (575) 646-8000
Fax: (575) 646-2806

Certificate of Dependency
NMSU Dependent Children Reduced Tuition Program
Fall 2026—NMSU Retirees

Routing: Submit your completed form online at help.nmsu.edu.

Dependent children of qualified retirees (see ARP 8.12) that are unmarried and under the age of 25 may receive a 50% reduction in the in-state tuition rate for NMSU courses. Eligibility is based on the census date for the semester. Students receiving the NM Legislative Lottery Scholarship are not eligible for the tuition waiver. Students hired in a graduate assistantship position with the university are not eligible to receive the tuition benefits.

A new form is required for each semester. A new form must be completed for all changes in class schedule(s). This form is only valid for the semester listed above. Deadline for submission: **November 1, 2026**. Exceptions to the deadline are not accepted.

1. Retiree Information (please print)		
Name (Last, First, Middle Initial)	Banner ID	Date of Retirement (mm/dd/yyyy)
Mailing Address	City, State, Zip	Daytime Phone # (xxx-xxx-xxxx)
2. Student Information		
*Acceptable dependent eligibility documentation must be on file with NMSU Benefits office.		
Dependent		
Name (Last, First, Middle Initial)	Banner ID	Date of Birth
Name (Last, First, Middle Initial)	Banner ID	Date of Birth
Name (Last, First, Middle Initial)	Banner ID	Date of Birth

Students who have been awarded a scholarship should discuss use of this benefit with their financial aid advisor to determine if there is any financial impact to their scholarship.

I certify that I am a NMSU Retiree eligible for this benefit. I certify that my dependent(s) meet the appropriate criteria. I understand if there is a question of, or if an internal review is conducted, I may be required to provide certified documentation of my dependent's status. I certify the above information is correct. I am aware of the potential tax implications of this benefit and I take full responsibility for any tax consequences that may be assessed by the Internal Revenue Service. I understand, and agree, the student will be responsible for any additional charges that may be assessed as a result of ineligibility for this program as of the Census Date and will be responsible for any overpayment of Financial Aid that may result from participation in this benefit.

Retiree Signature _____	Date _____
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Benefit Services _____	Date _____	Accounts Receivable _____	Date _____
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For Office Use Only:

For Use by Benefit Services	
Date of Retirement	Benefit Eligible? ☐ Yes ☐ No

For Treasury Services Office use only:	
☐ Course is taxable	☐ Course is non-taxable

Tuition Cost Waived
\$ _____