Military Admission Application Fee Credit Form



SEND TO: Dallas Institute of Funeral Service Admissions at admissions@dallasinstitue.edu.			
STUDENT: Print or type the inform	ation requested below. You must	sign and date the C	Certification Statement.
CERTIFICATION STATEMENT : I certify that I understand and meet all eligibility requirements to request an admission application fee credit.			
Student's Name	Student's Signature		Date (mm/dd/yyyy)
Student's Address	City	State	Zip Code
Branch of Military Serving/ed (Please select most recent branch of military) Air Force			
AUTHORIZED OFFICIAL: Print or type You must sign and date the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certify that it was a substitute of the Certific CERTIFICATION STATEMENT: I certific CERTIFI	cation Statement. I understand and meet all eligibility require	ements to request an ad	<u> </u>