

TUITION/FEE WAIVER/THIRD PARTY AUTHORIZATION

STUDENT _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP CODE _____
PHONE _____		
Student ID# _____	SEMESTER _____	

TYPE OF WAIVER/3RD PARTY		PLEASE CIRCLE ONE		
<i>Dual Enrollment</i>	<i>National Guard</i>	<i>Senior Citizen</i>	<i>Cross Enrollment</i>	<i>Hardship</i>
<i>Non Resident</i>	<i>ACT score 24 or above</i>		<i>SGA</i>	
OTHER _____		THIRD PARTY _____		

TOTAL TUITION/FEES _____	
TOTAL BOOK CHARGES _____	
AMOUNT OF WAIVER/3RD PARTY/OTHER _____	
AMOUNT OF FEES TO BE PAID BY STUDENT _____	
COMMENTS _____	
<p>I understand that I am responsible for any and all fees and book charges not covered by the designated source. Grants, scholarships and third party payments will be applied first. Waivers are not intended to provide or increase the student's refund amount.</p>	
_____ SIGNATURE OF STUDENT	_____ DATE

_____ VERIFIED BY	_____ TITLE	_____ DATE
<i>Please specify what scholarship pays in comment section.</i>		
_____ CHIEF FINANCIAL OFFICER		_____ DATE
_____ Financial Aid Director(Scholarship Chairperson)		_____ DATE
I certify at this time and with the data presented in the file, this student will not be overawarded per Title IV regulations.		