

NON-REFUNDABLE TUITION/FEE WAIVER FORM

Student Name _____		
Address _____		
City _____	State _____	Zip Code _____
Phone number _____		
Student ID# _____	Semester _____	

TOTAL TUITION/FEEES _____
TOTAL BOOK CHARGES _____
AMOUNT OF WAIVER _____
AMOUNT OF FEES TO BE PAID BY STUDENT _____
COMMENTS _____

TYPE OF WAIVER	
Senior Citizen - <input type="checkbox"/>	Non Resident <input type="checkbox"/>
OTHER _____	
Please attach eligibility documentation to this form when submitting.	
<i>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.</i>	
_____ SIGNATURE OF STUDENT	_____ DATE

*****Sections below to be completed by Financial Aid/Business Office*****

_____ Verified By	_____ DATE
_____ Financial Aid Representative	_____ DATE
I certify at this time and with the data presented in the file, this student will not be over awarded per Title IV regulations.	
_____ Business/Finance Representative	_____ DATE