

## REFUNDABLE TUITION/FEES WAIVER FORM

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Student ID# \_\_\_\_\_ Semester \_\_\_\_\_

TOTAL TUITION/FEES \_\_\_\_\_

TOTAL BOOK CHARGES \_\_\_\_\_

AMOUNT OF WAIVER \_\_\_\_\_

AMOUNT OF FEES TO BE PAID BY STUDENT \_\_\_\_\_

COMMENTS \_\_\_\_\_

**TYPE OF WAIVER**

Disable Firefighter   
  National Guard   
  Disabled Military   
  Military Dependent   
  Fire/Police Dependent   
  Disabled Police

OTHER \_\_\_\_\_

Please attach eligibility documentation to this form when submitting.

***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 may be applied first.***

\_\_\_\_\_  
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