

Departmental Request for Tuition Waiver
To be submitted by the department only

STUDENT NAME:	NAU ID:
NAU EMAIL:	PRIMARY PHONE:
DEGREE/PROGRAM:	ADMIT TERM:
DEPARTMENT:	
ADVISOR/FACULTY MENTOR:	
DEPARTMENTAL CONTACT:	
CONTACT PHONE:	

Type of tuition waiver requested:

Resident Non-resident*

*Student is still responsible for in-state tuition

Reason for tuition waiver:

Does the student hold a GA position?

Yes No

10 hr. 20 hr.

Comments:

Waiver is for:

Fall Spring Both Summer

NOTE: All waiver recipients must be registered as full-time graduate students: 9 hours applicable toward their degree.

Graduate College

List classes student plans on completing fall and/or spring (e.g. fall EPS601, Spring EPS661)

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Additional Comments:

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Approval of Department Chair or Designee*: _____

Print name: _____

* Electronic Signatures and/or printed names are permitted in the space provided.

Graduate College Use Only

ADMIT SEMESTER:			ADMIT STATUS:		
GENDER:	ETHNICITY:	RESIDENT	NON-RESIDENT	VISA:	
DEGREE/PROGRAM:			GPA:		
GRADUATE HOURS COMPLETED:			DATE LOGGED:		