

Waiver of Non-Resident Fees

Son or Daughter of an Alumnus of Southern Arkansas University, Southern State College, or SAU-Tech

I, _____, hereby request waiver of non-resident (out-of-state) fees in the amount of \$_____ for the semester.

Check one:

Semester: Fall _____ Spring _____ Summer: 1st Term _____ 2nd Term _____

My father/mother graduated from (school name) _____ in _____.

His/Her name then was. _____.

___In order to have the non-resident fee waived, I agree to reside in a residence hall on the campus of Southern Arkansas University, Magnolia Arkansas. I understand that should I move out during the semester, I will owe Southern Arkansas University the full semester (term) non-resident fee charge.

___I am applying for the child of an alumnus waiver to live with a grandparent within driving distance. I understand that should I move out during the semester, I will owe Southern Arkansas University the full semester (term) non-resident fee charge.

Signature _____ Date _____

Name of Parent _____

Address _____

This form must be submitted each time you enroll at SAU

Office use only

Business Office Authorization	
Date	
Amount	

