ARKANSAS TAXPAYERS
WAIVER OF NON-RESIDENT

I, _____________________________________________________, _____________________________.

(Student ID Number)

hereby request waiver of non-resident (out-of-state) fees for the school year ________________________________.

Check one:

Semester: Fall _________ Spring _________ Summer: 1st Term _________ 2nd Term __________.

In order to get the non-resident fee waived, the following criteria must be met:

1.) Dependent student or parent must provide a W-2 or verification of Arkansas Earnings of $5,500.00 or more dollars from the year preceding enrollment.

2.) Student and parent must live in one of the following:

- **Louisiana**
  - Claiborne Parish
  - Morehouse Parish
  - Union Parish
  - Webster Parish

- **Mississippi**
  - Bolivar
  - Coahoma
  - Desota
  - Tunica

- **Missouri**
  - Barry
  - Dunklin
  - McDonald
  - Oregon
  - Ozark
  - Pemiscot
  - Ripley
  - Taney

- **Oklahoma**
  - Adair
  - Delaware
  - LeFlore
  - McCurtain
  - Sequoyah

- **Texas**
  - Bowie

- **Tennessee**
  - Dyer
  - Lauderdale
  - Shelby
  - Tipton

I certify that the dependent child is unmarried and age 23 or younger and has been claimed by me for income tax purposes in the preceding year and will be claimed by me during the time of the tuition waiver. If the child was not claimed by me in the preceding year, the child was claimed by the child’s other parent and will be claimed by me in the year of the waiver.

Signature ______________________________________________________ Date ____________________________

Name of Parent __________________________________________________________

Address ______________________________________________________________________________________

Phone Number __________________________________________________________________________________

This form must be submitted each time you enroll at SAU.