

Alabama Six County Non-Resident Tuition Waiver Request Form

Last Name	First Name	MI	MSU ID Number	
Mailing Address		City	State	Zip Code
Home Phone	Work Phone		Cell Phone	

Please indicate the semester for which you are applying for a waiver and the number of semester hours. This application must be completed each semester.

Year: 20__ Semester: Spring_____ Summer_____ Fall_____

hours # hours # hours

Please answer the following questions:

- What is your current state and county of legal residence? _____
Please attach a copy of your current Drivers' License.
- Are you seeking to establish legal residence in the state of Mississippi? () Yes () No
If yes, how many months have you lived in Mississippi? _____
- Please indicate where you and your spouse or parents are employed, address, phone number and person for employment verification.

Student: _____

Spouse/Parent: _____

- Will you be or are you seeking a degree from MSU Meridian? () Yes () No
What degree and major? _____
- What is your enrollment classification? () Undergraduate () Graduate
- If you are receiving financial assistance to attend school, please indicate the source and type of financial assistance. _____

Student's Signature: _____ Date: _____

Office of Student Services Only

Authorized Official	Date Approved	Waiver Amount
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