



Legacy Tuition Waiver Form

Wichita State University will provide resident tuition to a non-resident student who meets the following qualifications:

- Non-resident student paying non-resident tuition rates whose parent, step-parent, legal guardian, grandparent or step-grandparent graduated from WSU with an associate, bachelor, master, or doctoral degree
- Student has been admitted to WSU
- Submit this Legacy Tuition Waiver Form to the Registrar's Office with supporting documentation
- Waivers will be applied within the current academic year

Application Instructions

This application must be completed by a non-resident student who has been admitted to Wichita State University. The non-resident to resident rate tuition waiver will be approved when all information has been verified. Once the review has been completed, the waiver will be applied to the student's account. The student must be classified as a non-resident student who pays non-resident tuition rates to receive this waiver. Complete the form and return to the Transcript window in Jardine Hall room 117, by mail to 1845 Fairmount, Box 58, Wichita, KS 67260, by email to student.verification@wichita.edu, or by fax to (316) 978-3795.

Student Information

First Name _____

Middle Initial _____

Last Name _____

myWSU ID Number _____

Date of Birth (MM/DD/YYYY) _____

State of Residence _____

Country of Residence _____

Alumni Information

First Name _____

Middle Initial _____

Last Name _____

Last 4 Digits of Social Security No. (for internal verification purposes) _____

Degree(s) Earned _____

Graduation Month/Year _____

Relationship to Student _____

Required Documents

Please provide a copy of one of the following documents with this form to determine relationship:

Birth Certificate

Marriage License

Tax Return

Other International Document – please specify _____

Student Certification, Agreement and Signature

I certify that the information provided in this application is true, accurate and complete without misrepresentation. I understand that if this information is found to be false or misleading, this fact alone is sufficient cause for my being denied partial tuition waivers by the Legacy plan now and in the future. In consideration of the University's provision of any partial tuition waiver to me, I agree to repay as a lawful debt owed to Wichita State University any tuition that is waived based on false or misleading information I provide.

Applicant's signature _____

Date _____

For Registrar's Office Use Only

Date Received _____

Date Approved _____

For Accounts Receivable Office Use Only

Date Received _____

Date Approved _____