

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 of the 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.

The completed form may be mailed, emailed (student.verification@wichita.edu), faxed (316-978-3795), or brought to the Registrar's Office at 1845 Fairmount, Box 58, Wichita, KS 67260.

STUDENT INFORMATION

First Name Middle Initial Last Name myWSUID 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 Soc. Sec. 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: _____

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 _____

Office Use Only

Registrar

Date Received: _____

Date Approved: _____

Financial Operations

Date Received: _____

Date Applied: _____