

Southeastern University

Application for Waiver

Family Discount

(Waiver application must be completed for each semester.)

Deadline to return form to Student Financial Services:



Fall Semester—Due July 10
Spring Semester—Due December 10
Summer Semester—First day of class

Academic Period: Please check appropriate semester and enter school year (i.e., 2009)

Fall (Year _____) Spring (Year _____) Summer (Year _____)

ELIGIBILITY REQUIREMENTS: Students must be enrolled full time.
 Family constitutes husband/wife, parent/child, or siblings.

First Student Attending SEU	Relationship to other student: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
_____	_____
Print name	ID Number
_____	_____
Signature	Date

Second Student Attending SEU (to receive waiver)	Relationship to other student: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
_____	_____
Print name	ID Number
_____	_____
Signature	Date

Third Student Attending SEU (to receive waiver)	Relationship to other student: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
_____	_____
Print name	ID Number
_____	_____
Signature	Date

APPROVAL

 Director of Financial Aid

 Date

Business Office Use Only	
Tuition \$ _____	Total Waiver 10% \$ _____