Received _____

Southeastern University

Application for Waiver — Missionary Dependent

(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 dependents and enrolled full time.

Print Student Name: _____ ID#: _____

Student Signature: _____ Date: _____

Classification: ☐ Senior ☐ Junior ☐ Sophomore ☐ Freshman

Classes to be taken:

Course #	Course Description	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student is related to:

_____ _____

Missionary **Position**

Is the missionary currently under appointment with the
Division of Foreign or Home Missions of the Assemblies of God? ☐ Yes ☐ No

APPROVAL

_____ _____

Director of Financial Aid **Date**

Business Office Use Only

Tuition $ _____ Total Waiver 25% $ _____

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