Received _____

Southeastern University

2008-09 Application for Waiver — Missionary Dependent

Deadline to return form to the Business Office: ⇨

Fall Semester—Due July 10, 2008
Spring Semester—Due December 10, 2008
Summer Semester—First day of class

The waiver application must be completed for each semester.

Academic Period: ☐ Fall ☐ Spring ☐ Summer 2008-2009 School 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% $_____