



**Office of Financial Aid Services**  
 183 Strand Union  
 P.O. Box 174160  
 Bozeman, MT 59717-4160  
 www.montana.edu/wwwfa  
 Tel (406) 994-2845  
 Fax (406) 994-6962

## Department Tuition Waiver Request For Current Students

Contact: \_\_\_\_\_ Academic Year: 20 \_\_\_\_ to 20 \_\_\_\_  
 Department/Sponsor: \_\_\_\_\_ TERM: Fall \_\_\_\_\_ 20\_\_\_\_  
 Phone number: \_\_\_\_\_ Spring \_\_\_\_\_ 20\_\_\_\_  
 New request: \_\_\_\_\_ Revised request: \_\_\_\_\_ Summer \_\_\_\_\_ 20\_\_\_\_

| Student Name | MSU ID | Credits to waive | Tuition to waive |    |      |
|--------------|--------|------------------|------------------|----|------|
|              |        |                  | R                | NR | BOTH |
|              |        |                  | R                | NR | BOTH |
|              |        |                  | R                | NR | BOTH |
|              |        |                  | R                | NR | BOTH |
|              |        |                  | R                | NR | BOTH |
|              |        |                  | R                | NR | BOTH |

Please add additional pages if necessary.

Comments: \_\_\_\_\_

\*This request is to be applied for tuition only. It does not include fees of any kind.\*

**Completed forms MUST be returned to Financial Aid Services  
 before the 15th Class Day of each semester!**

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Authorized Departmental Signature Date

Official use only: