

SITE PRECEPTOR ONE CREDIT HOUR TUITION WAIVER

Date of Request: _____

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH:
ADDRESS:	CITY, STATE, ZIP:
STUDENT ID:	PHONE: _____ EMAIL: _____

ACADEMIC YEAR: _____
SEMESTER REQUESTED: FALL SPRING SUMMER

Note: Supporting documentation must be submitted every academic year.

This form must be presented to the Office of Financial Aid once each academic year. The Site Preceptor One-Credit Hour Tuition Waiver covers tuition only. Students are responsible for the payment of all mandatory program fees.

Please note that it is the responsibility of the recipient to notify the Academic Fieldwork Coordinator when electing to use this waiver. The tuition waiver, if approved, can be used on during the Academic Year shown above, and is non-transferable.

Return this form in its entirety to the Department of Nursing, Academic Fieldwork Coordinator, who will secure the necessary approval signatures and forward the form to be posted. A copy of the completed form will be e-mailed to the recipient.

Signature: _____ Date: _____

Academic Fieldwork Coordinator: _____ Date: _____

Nursing Department Chair: _____ Date: _____

Financial Aid Approval: _____ Date: _____