



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 Authorization 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 authorization 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!**

Authorized Departmental Signature Date

Official use only: