

## Waiver Application/Request Form

Students should complete sections I & II of this form and return it to the Business Office with the appropriate documentation.

## **I. Student Information**

Name (Last, First, Middle initial)			Last 4	Last 4 digits of SSN # or Student ID #		
Street address		City		State	ZIP Code	
Primary phone number	Cell phone number		E-mail address			
II. Type of Waiver Req	<b>luest</b>					
☐ 820.2a - <b>SBHE Studen</b>	t Representative Wa	<b>niver</b> require	es SBHE roster	to be at	tached	
☐ 820.2b – <b>Dependent o</b> r has a 100% service cor eligibility from Veteran's	nnected disability, PO					
Ten (10) semeste	rs available – please ind	dicate semes	ters used and at v	which un	iversity	
820.2c – <b>Survivors of</b> or peace officers who cand proof of relationship	die as a result of inju		, ,	•	•	
☐ International WaiverOther-Explain					Partnership Exch. (Attach documentation)	
Other Waiver					_(Attach documentation)	
Semester						
☐ Fall Year	ear	Summer Year				
I hereby certify to the best	t of my knowledge ti	he informat	ion on this app	olicatio	n is true.	
Signature			D	ate		
For Minot State Use Only:			Date rec	eived	<u>.</u>	
☐ Yes ☐ No Documenta	tion complete	F	inancial Aid No	tificatio	n	
Comments						
Approved Signature			Date			
Entered into People Soft By			Da	ate		
[4	Attach additional docu	umentation,	if applicable.]			