



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 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 Request

- 820.2a - **SBHE Student Representative Waiver** requires SBHE roster to be attached
- 820.2b – **Dependent of Resident Veterans Waiver** (killed in action or died in service-related causes, has a 100% service connected disability, POW or declared missing in action) – attach certification of eligibility from Veteran’s Administration.

Ten (10) semesters available – please indicate semesters used and at which university

- 820.2c – **Survivors of Firefighters or Peace Officer Waiver** (emergency medical services personnel or peace officers who die as a result of injuries in official duty) – attach proof of death in line of duty and proof of relationship.

International Waiver _____ Fulbright _____ ISEP _____ Int’l MOU _____ Partnership Exch. _____ Other-Explain _____ (Attach documentation)

Other Waiver _____ (Attach documentation)

Semester

Fall Year _____ Spring Year _____ Summer Year _____

I hereby certify to the best of my knowledge the information on this application is true.

Signature _____ Date _____

For Minot State Use Only: Date received _____

Yes No Documentation complete Financial Aid Notification _____

Comments _____

Approved Signature _____ Date _____

Entered into People Soft By _____ Date _____

[Attach additional documentation, if applicable.]