

**ALAMO COLLEGES
TUITION FREEZE WAIVER APPLICATION**

Please complete form and submit to Counseling/Advising Center at your college. Student is required to provide appropriate documentation; please attach documentation.

Student Name: _____ Student ID: _____ Date: _____

Current Address: _____

City _____ State _____
Zip Code _____ E-Mail: _____ Phone: _____

Semester for which the waiver is requested: _____

Please check the reason you are requesting a one time waiver of eligibility for the Tuition Freeze Program.

- Unable to meet the required 9 hours in the Fall or Spring semesters or 3 hours in Summer.
- Unable to meet the requirement of a cumulative 2.0 GPA.

I am requesting a waiver for the following reason:

- ___ 1. Severe illness/debilitating condition. [Letter from physician or copy of medical records]
- ___ 2. Care for sick, injured or needy person. [Letter from attending physician]
- ___ 3. Death of family member or other person with close relationship to student. [Copy of Death Certificate or Obituary]
- ___ 4. Active military duty for student, or student's immediate family member (spouse, parent, son or daughter). [Military Orders]
- ___ 5. Work schedule change. [Letter from employer on official letterhead]
- ___ 6. Other good cause. [Provide written statement below and appropriate documentation]

If you need additional space, please use other side.

I attest that the information I am providing is true and accurate. I am responsible for all academic and/or financial responsibilities if the information I have provided is found to be untrue or inaccurate.

Signature _____

Date _____

OFFICIAL USE ONLY

Documentation verified Yes No If No, please explain _____

Decision on Request Approved Not Approved

By: _____
Administrator or Designee Printed Name/Title Signature Date

Method Student was notified Phone E-Mail In Person Date _____ Chief Student Affairs' Officer of Designee Initials _____