

ARKANSAS TAXPAYERS WAIVER OF NON-RESIDENT

I, _____, _____
(Print Name) (Social Security Number)

hereby request waiver of non-resident (out-of-state) fees for the school year _____.

Check one:

Semester: Fall _____ Spring _____ Summer: 1st Term _____ 2nd Term _____.

In order to get the non-resident fee waived, the following criteria must be met:

- 1.) Dependent student or parent must provide a W-2 or verification of Arkansas Earnings of \$5,500.00 or more dollars from the year preceding enrollment.
- 2.) Student and parent must live in one of the following:

Louisiana

Claiborne Parish
Union Parish
Webster Parish

Mississippi

Coahoma
Desota
Tunica

Texas

Bowie

Missouri

Barry
Dunklin
McDonald
Oregon
Ozark
Pemiscot
Ripley
Taney

Oklahoma

Adair
Deleware
LeFlore
McCurtain
Sequoyah

Tennessee

Dyer
Lauderdale
Shelby
Tipton

I certify that the dependent child is unmarried and age 23 or younger and has been claimed by me for income tax purposes in the preceding year and will be claimed by me during the time of the tuition waiver. If the child was not claimed by me in the preceding year, the child was claimed by the child's other parent and will be claimed by me in the year of the waiver.

Signature _____ Date _____

Name of Parent _____

Address _____

Phone Number _____

This form must be submitted each time you enroll at SAU.



Southern Arkansas University
Magnolia

| | |
|-------------------------------|-------|
| Office Use Only | |
| Business Office authorization | _____ |
| Date | _____ |
| Amount | _____ |