

PARTIAL TUITION WAIVER APPLICATION

Brooks College of Health
University of North Florida
1 UNF Drive
J. Brooks Brown Hall, Bldg. 39/3031
Jacksonville, FL 32224-2645

Semester _____ 20_____

Applicant's Name _____ Phone _____ SS Number _____

Jacksonville Address _____ Zip Code _____

Check One: ___ United States Citizen ___ Resident Alien ___ International Student on Visa

College of Health Major: _____

Date Admitted into Graduate Program: _____

I hereby apply for a partial tuition waiver package for the following academic terms.

Fall _____ Spring _____

How long have you been a Florida resident? _____

If not a Florida resident, what is your home state residency? _____

Have you applied for any financial assistance through other campus departments? If yes, please describe _____

Are you receiving any financial assistance through other campus departments? If yes, please describe. _____

****Note: YOU MUST INFORM THE FINANCIAL AID OFFICE OF ANY CHANGES IN NUMBER OF HOURS ENROLLED, OR LEVEL OF HOURS.**

Signature of Applicant _____ Date _____

Please return as directed on the web page: **NEW STUDENTS**: submit two copies, one copy to Judith Kraft and one copy to the program director of the specific program for which you have applied. **RETURNING STUDENTS**: submit one copy to Judith Kraft. Please submit all applications via e-mail, as an attached MSWord file labeled: BCH Waiver App. (your last name). Applications may also be submitted via regular mail. All applications received by Ms. Kraft will be acknowledged via e-mail or regular mail. NOTE: E-mail addresses for Judith Kraft and Program Directors are listed on the webpage with the information about the waiver packages.