

Dual Credit Tuition Waiver - REQUEST

Name: _____

Student Phone: _____

High School: _____

Student E-mail: _____

Year: _____ Mark one: FALL SPRING SUMMER

What class(es) is the student wanting to sign up for AND request a tuition waiver?

Class Title

Instructor Name

_____	_____
_____	_____
_____	_____

Why are you requesting a tuition waiver?

McKinney Vento

Foster Care

Other: _____

Person at the High School validating the request:

Name: _____

Title: _____

Phone: _____

E-mail: _____

Instructor(s) who approve the request will also forgo the stipend of \$20/student from Friends University for this student in the class.

If you would like to provide any additional information or notes regarding this request:

For more information, please visit friends.edu/dualcreditwaiver.

When the form is complete, please mail or e-mail the form as an attachment to:

Dual Credit Coordinator

Michelle Vann

316-295-5749 | juanita_vann@friends.edu

Office Use Only

Dual Credit Coordinator: _____

Student Account Services: _____

**FRIENDS
UNIVERSITY**

2100 W. University Ave | Wichita KS, 67213