

## HARDSHIP WAIVER OF TUITION INCREASE APPLICATION

Student	Name:		First	ΛΛ.	iddle
Social Security Number:		Phone:		adio .	
Address	_				
Semest	er:				
payment cost of the financial it to the ( to add c students wavier a your app	t of the tuition fee in ne tuition increase of assistance. If you Office of Admission ourses for the des who fully meet the pplications and FA	crease by studer for whom the feel you meet the sand Student ignated semestriteria with princes. Yourself. If the appropriate of the sand students.	e, the Law Center will lents who, after receiving increase will continue the criteria for hardship to Records, Room 202 ster. Waivers will be it increase expected to mappeal is approved, your perations.	ing financial aid, a e to cause a finar owaivers, comple Law Center, no la awarded until fu der in which stude ke arrangements	are unable to meet the noial burden even with te this form and return ater than the last date nds are exhausted to ents submit completed is to pay your fees until
Criteria f	for Hardship Waive	ers:			
2. E 3. / 6 6 / 6 7. I	Classified as a Louisiana Resident for purposes of tuition and fees assessment.  Enroll as a full-time student during the semester for which the exemption is granted.  Annually complete the Free Application for Federal Student Aid (FAFSA) and submit all documentation required by the Office of Student Aid and Scholarships in accordance with established guidelines.  Have an Expected Family Contribution (EFC) on the FAFSA of \$0.  Meet all other eligibility requirements for receiving federal student aid.  Accept all financial aid for which the student is eligible.  Not receive the benefit of tuition assistance through a state, institutional, federal (other Title IV programs), or other similar program.				
to the b	est of my knowled	dge and I furt	ne Office of Student Aid her understand that I a waiver of the tuition	may be asked	to provide additional
	Student Signature			Date	
	For Office Use Or	nly:			
	Date Received Time Received				
			By		