

**STUDENT REQUEST
FOR
OUT-OF-STATE TUITION WAIVER**

I _____ of _____
(Name of Student) (Complete Home Address)

certify the following to be true:

1. I desire to attend Southwest Wisconsin Technical College during the following time period of _____
(Term / School Year)
2. In addition, my own financial status is such that I cannot pay the out-of-state tuition at Southwest Wisconsin Technical College.
3. I have completed a brief rationale summary regarding my out-of-state tuition waiver request. (See attached Form B)
4. I have been accepted in good standing at Southwest Wisconsin Technical College in the _____ program of study.
(Program of Study)
5. I have applied for financial aid **-VERY IMPORTANT-** (Without financial data, a determination of eligibility cannot be made.)

Student's Signature

Date

NOTE: A separate request must be completed for each year that a student attends.

**RATIONALE SUMMARY
FOR
OUT-OF-STATE TUITION WAIVER REQUEST**

Name

Address

City

State/Province

Zip/Postal Code

Please complete below a brief rationale summary regarding your request to waive out-of-state tuition.

Student's Signature

Date