



# AFFIDAVIT APPLICATION

FOR NONRESIDENT TUITION WAIVER

## AFFIDAVIT INSTRUCTIONS

Complete and sign this form to request a Nonresident Tuition Waiver (HB-144). If you are accepted to receive the waiver, you will continue to receive it as long as you fulfill the requirements. If Dixie State University chooses to no longer offer this exemption, you will be nullified.

If the due date to pay tuition and fees comes and you have not have received approval of receive this waiver, you are responsible to pay ALL student fees and tuition.

## STUDENT INFORMATION

Legal Name: \_\_\_\_\_  
*Last First Middle Initial*

Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
*mm/dd/yyyy*

Permanent Mailing Address: \_\_\_\_\_  
*Street City State Zip*

Email address: \_\_\_\_\_

## HIGH SCHOOL INFORMATION

(Please list the schools you attended in grade 9-12)

<i>Name of Institution</i>	<i>City</i>	<i>State</i>	<i>Dates Attended (from/to)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Answer the following questions to determine if you qualify for the Nonresident Tuition Waiver (Circle Yes or No)

- Yes No I have attended high school in Utah for three or more years.
- Yes No I have graduated from a Utah high school or have attained the equivalent of a GED issued by the Utah State GED Office.
- Yes No I have attended or registered for classes at a Utah college or university prior to the Fall 2002 Semester.
- Yes No I have been admitted to the United States temporarily and hold a current visa.
- Yes No I have filed an application to legalize my immigration status or I will file an application as soon as I am eligible to do so.

If you are eligible for Deferred Action, please provide a copy of your Deferred Action Card.

I certify that the information provided is true and accurate to the best of my knowledge and that I will abide by the academic standards of the University. I understand that this information will be used to determine my eligibility for the tuition waiver. I further understand that if any of the above information is found false, I will be liable for payment of all nonresident charges from which I was exempted and may be subject to disciplinary action by the University.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_