

The University of West Alabama
 Fee Waiver
 Certificate of Eligibility
 (Revised 9/1/95)

Name of Student: _____

Social Security Number of Student: _____

I hereby certify that _____
 is my spouse, son, daughter, self (circle one). I also certify that I am a faculty/staff
 member, retired faculty/staff member, disable faculty/staff member (circle one) with
 more _____ or less _____ than six years of service. In the case of a deceased
 faculty/staff member, the Business Office will certify this form based on personnel
 records. Proof of kinship will be required.

Signature of Employee: _____

Name (Print): _____

Social Security Number: _____

Date of Employment: _____

FOR BUSINESS OFFICE USE ONLY

YEAR							
FALL							
WINTER							
SPRING							
SUMMER							

Faculty or staff member with six or more years of services are eligible for full
 waiver of fees listed below. Those with less than six years are eligible for full waiver of
 fees listed below except tuition which is waived at 50%.

1. Tuition.
2. SGA Fee.
3. Medical Fee.
4. Yearbook Charge.
5. Audit.