



WORCESTER
STATE
UNIVERSITY

THE COMMONWEALTH OF MASSACHUSETTS
CERTIFICATE OF TUITION WAIVER

STUDENT INFORMATION

STUDENT ID # _____

NAME: _____

STREET: _____

CITY/STATE/ZIP CODE _____

CATEGORY

VETERAN

NATIVE AMERICAN

ELDER CITIZEN

MEMBER OF THE ARMED FORCES

ELIGIBILITY CERTIFICATION

I certify that I am a Massachusetts resident and that I am not in default of any federal student loans or owe a refund for any previously received financial aid. Further, that I have provided the University with the required documentation to substantiate eligibility for the above referenced categorical tuition waiver.

STUDENT SIGNATURE: _____

I certify that the above named student has provided the required documentation to evidence eligibility for the above referenced tuition waiver. Therefore, in accordance with General Laws Chapter 15A, Section 19, a tuition waiver will be granted for the following Period:

FALL SEMESTER _____

SPRING SEMESTER _____

OTHER ENROLLMENT PERIOD _____

SIGNATURE OF APPROPRIATE UNIVERSITY OFFICIAL: _____

DATE: _____