

APPLICATION FOR NONRESIDENT TUITION WAIVER

IDAHO STATE UNIVERSITY GRADUATE STUDENT

Please indicate semester and year you are applying for waiver: FALL _____ SPRING _____ 19 _____

Student Number/Social Security Number: _____

Complete Name: _____
Last First M.I.

Permanent Home Address: _____
Street City State Zip

Local Address: _____
Street City State Zip

Home Phone Number: _____ Local Phone Number: _____

Check one: Currently enrolled at ISU Entering student

Degree program you are in/entering: _____
Program Department

RESIDENCY STATUS: (If you are awarded residency status, this application is unnecessary)

You **MUST** submit either the Residency Form **OR** the International Student Supplemental Admission Form IN ADDITION to this form AND the Application for Admission to Graduate Studies Form to be eligible and considered for a Non-Resident Tuition Waiver.

Are you a resident of one of the following states:

Utah Washington

Students from Utah or Washington, by checking one of the above, are applying for a non-resident tuition waiver under reciprocal agreements with these states. Time accrued while participating in these programs will not contribute toward the length of residence required for Idaho residency status. Call 208-236-3940 for more information, or contact the Office of Registration and Records, Campus Box 8196, Idaho State University, Pocatello, ID 83209.

*****BE SURE TO COMPLETE BOTH SIDES OF THIS APPLICATION*****

GRADUATE RECORD EXAMINATION:

*****GRE scores are required to be considered to receive a non-resident tuition waiver (NRTW)*****

Have you taken the GRE and requested the scores be sent to ISU? () Yes () No

If not, explain briefly why not:

PERSONAL STATEMENT:

Please attach a personal statement (no more than **one page** in length) addressing your background, your educational plans and career goals, and **why you believe you should be selected to receive a nonresident tuition waiver**. Please address your demonstrated academic ability as part of your statement. Applications which do not contain this statement will be classified as incomplete and will not be considered further.

Signature of Applicant: _____ Date: _____

RETURN APPLICATION BY: April 1st for Fall Semester consideration

November 1st for Spring Semester consideration

(At this time, non-resident tuition waivers are not available for Summer Sessions)

RETURN THIS APPLICATION FORM WITH PERSONAL STATEMENT TO:

Office of Graduate Studies
Campus Box 8075
Idaho State University
Pocatello, ID 83209

For more information concerning this application form, call 208-236-2150.

OTHER POSSIBLE FINANCIAL RESOURCES:

Graduate teaching and research assistantships/ Doctor of Arts fellowships - Contact individual colleges or departments

Student Loans & Work-Study Opportunities - Financial Aid Office, ISU Box 8077, 208-236-2756

Scholarship other than assistantships or fellowships - Scholarship Office, ISU Box 8391, 208-236-3315

WICHE Minority Doctoral Fellowship Program - Office of Graduate Studies, ISU Box 8075, 208-236-2150
