

OGLALA LAKOTA COLLEGE
REQUEST FOR TUITION WAIVER

TO: Business Office

I, _____ being employed full time by Oglala Lakota College, hereby request a Tuition Waiver for the following courses for the Fall/Spring (circle one) semester of 20 ____.

I understand that tuition waivers are granted only when a staff member is not eligible for other types of financial aid as per OLC Policy. I do realize that I have to pay for my own registration fees, lab fees, activity fees and books.

Employee Signature

Date

VERIFICATION BY FINANCIAL AID OFFICE

Employee (did - did not) apply for Financial Aid. (circle appropriate response)

_____ is eligible for Financial Aid. _____ is not eligible for Financial Aid.

Verification Completed by

Date

*Employees follow all probationary/suspension policies of Oglala Lakota College Financial Aid Office and Registrar's Office.

APPROVAL REVIEW

_____ Approved

_____ Disapproved

Supervisor

Date

Cc: Personnel Director (Original)
Registrar
Financial Aid
Student Fund Accountant

CHARTERED BY OGLALA SIOUX TRIBE
ACCREDITED BY THE NORTH CENTRAL ASSOCIATION