

PURPLE HEART WAIVER PROGRAM

Last Name: _____ First Name: _____ MI: _____

Student ID: _____

I am requesting a waiver for: Fall Spring Summer Year _____

Name of Courses: List the course number and reference number	
<u>Course ID</u>	<u>Reference Number</u>

I, the undersigned, acknowledge the following:

- My waiver of tuition will only be applied to eligible fees; I understand a portion may still be owed.

Signature (Student)

Date

FOR PALM BEACH STATE COLLEGE INTERNAL USE ONLY

Registrar's Office:

Palm Beach State College shall waive allowable fees for each recipient who is eligible for a Purple Heart Waiver where:

- (a) Student is enrolled full-time or part-time in a program that provides a degree or certificate.
- (b) Student has submitted appropriate documentation to the Registrar's Office.
 - i) Form DD-214
 - ii) They have received a Purple Heart or another combat decoration superior precedence.
 - iii) They Physically reside in Florida.
 - iv) Waiver applicable for 110 percent of the credit hours required.

Verified (FSS 1009.26): Yes No

Signature (Registration Rep.)

Registration Rep. Name (Printed)

Date

Cashier's Office:

Customer Number: 567 PURPLE HEART

Contract: _____

Receipt Number: _____