

**PALM BEACH STATE
COLLEGE**

HIGH SCHOOL VERIFICATION (OUT OF STATE) WAIVER

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	
Course ID	Reference Number

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 out of state tuition for each recipient who is eligible where:

- (a) Student has provided documentation to the Registrar's Office meeting eligible criteria:
- i) Attended a Florida High School (private or public) for 3 consecutive years before graduating from a Florida High School.
 - ii) Submitted an admission application to a Florida College System Higher Education Institution within 24 months of high school graduation.
- (b) Eligibility documentation may not need to be verified for subsequent terms; however, a form will need to be submitted each term for waiver authorization.
- (c) Student does NOT have 3rd attempt courses waived.
- (d) Student has NOT received more than 110% of their program courses waived.

Verified (FSS 1009.26): Yes No

Signature (Registration Rep.)

Registration Rep. Name (Printed)

Date

Cashier's Office:

Customer Number: 2318 OUT OF STATE HIGH SCHOOL VERIFICATION

Contract: _____

Receipt Number: _____