



Tuition Waiver 2019-2020

- (1) Select one waiver you wish to apply for.
 (2) Read, agree, and initial each item under that waiver.

Student Name (Last, First, Middle)	Date	Last 4 digits of SSN
Initial		
MAYOR'S TUITION WAIVER		
	I have been a North Slope Borough resident for at least 30 days and am 18 years or older.	
	I intend to apply/have applied to a program of study at Ilisaġvik College. (For continued eligibility, students must be admitted to a program of study.)	
	I submitted at least one scholarship application.	Scholarship applied for:
	I authorize the IC Registrar's Office to release grades to the Business Office.	
	I understand that (1) I must pass 2/3 of the credits I enroll in and (2) achieve a grade point average of 2.0 (Grade C) for the current semester in order to remain eligible for the waiver in future semesters.	
Initial		
ALASKA NATIVE/AMERICAN INDIAN, OFF-SLOPE TUITION WAIVER		
	I am Alaska Native/American Indian, do not reside permanently on the North Slope, and am 18 years or older.	
	I will provide the Registrar's Office with a copy of my tribal card.	
	I intend to apply/have applied to a program of study at Ilisaġvik College. (For continued eligibility, students must be admitted to a program of study.)	
	I submitted at least one scholarship application.	Scholarship applied for:
	I authorize the IC Registrar's Office to release grades to the Business Office.	
	I understand that (1) I must pass 2/3 of the credits I enroll in and (2) achieve a grade point average of 2.0 (Grade C) for the current semester in order to remain eligible for the waiver in future semesters.	
Initial		
NORTH SLOPE BOROUGH SCHOOL DISTRICT TUITION WAIVER		
	I am a certified teacher for the NSBSD.	
	I understand that this waiver applies only to DEED courses eligible for certification or any course with an ANS/INU designator.	
Initial		
NORTH SLOPE FIRE DEPARTMENT TUITION WAIVER		
	I am an employee or volunteer firefighter/EMS personnel for the NSBFD.	
	I intend to apply/have applied to a program of study at Ilisaġvik College. (For continued eligibility, students must be admitted to a program of study.)	
	I authorize the IC Registrar's Office to release grades to the Business Office.	
Initial		
ILISAĠVIK EMPLOYEE/SPOUSE/DEPENDENT WAIVER		
	My name is _____, and I am a permanent Ilisaġvik employee.	
	I authorize verification of my employment status.	
	I authorize my spouse/dependent _____ to register under this waiver.	
	I understand that any coursework under this waiver must be completed with a grade of "C" or higher.	
	I acknowledge that if I and/or my eligible spouse/dependent do not earn a grade of "C" or higher, I am responsible for the cost of tuition and authorize an immediate payroll deduction in the amount owed for courses taken under this waiver.	
	I authorize the IC Registrar's Office to release grades to the Business Office.	
Initial		
NORTH SLOPE BOROUGH ELDER WAIVER		
	I am a North Slope Borough resident.	
	I am at least 62 years of age.	

Questions about this form? Contact Registration at 852-1757 or Admissions at 852-1754

Course Information (Waiver cannot be applied to repeat classes)

This waiver applies to the following semester (Select one):

- Summer 2019 Deadline: July 1, 2019
 Fall 2019 Deadline: October 1, 2019
 Spring 2020 Deadline: March 1, 2020

Extensions are granted for classes starting after the deadline.

- Vocational Education/Workforce Development Short-term Training (**Mark if applicable**)

Student Agreement and Signature

By signing below, I confirm that the information I have provided is true and correct. I understand and agree to the following:

- **This is a waiver of tuition. Registration fees, lab fees, lab kits, art supplies, textbooks and other special costs are my responsibility.**
- Tuition waivers cannot be applied retroactively and will not be issued if my student account has an outstanding balance of \$500 or higher.
- If I **do not** pass 2/3 of my credits **and do not** achieve a GPA of 2.0 ("C") in this current semester, I will not receive a waiver for the next semester I take classes. Instead, I am responsible for the cost (personally and/or through scholarships or federal financial aid). However, after one successful semester of taking classes without utilizing the tuition waiver, I can apply for a waiver again.

I give Iñisaġvik College permission to use my name and image in marketing materials related to the Tuition Waiver program.

Student Signature

Date

Iñisaġvik College Employee Signature (for IC Employee Waiver)

Date

Iñisaġvik College Supervisor Signature (for IC Employee Waiver)

Date

Registrar's Office Verification:

Date:

President Signature

Date