



LATE TUITION WAIVER ACKNOWLEDGMENT

FINANCIAL AID OFFICE
PO Box 749 Utqiagvik, AK 99723
907-852-1708 / 907-852-1844
fin.aid@ilisagvik.edu

I, _____, do hereby acknowledge that I have submitted a tuition waiver form past the due date.

Semester: Fall Spring Summer

Year: _____

Only one late submission of a tuition waiver is allowed. All future tuition waiver requests must be submitted on time to be accepted. If a waiver is not accepted, the student will be responsible for their tuition costs.

Student Signature: _____ Date: _____

Financial Aid Office: _____ Date: _____