

# ARKANSAS TAXPAYERS WAIVER OF NON-RESIDENT

I, \_\_\_\_\_, \_\_\_\_\_  
(Print Name) (Student ID Number)

hereby request waiver of non-resident (out-of-state) fees for the school year \_\_\_\_\_.

Check one:

Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer: 1st Term \_\_\_\_\_ 2nd Term \_\_\_\_\_.

In order to get the non-resident fee waived, the following criteria must be met:

- 1.) Dependent student or parent must provide a W-2 or verification of Arkansas Earnings of \$5,500.00 or more dollars from the year preceding enrollment.
- 2.) Student and parent must live in one of the following:

**Louisiana**

Claiborne Parish  
Morehouse Parish  
Union Parish  
Webster Parish

**Mississippi**

Bolivar  
Coahoma  
Desota  
Tunica

**Missouri**

Barry  
Dunklin  
McDonald  
Oregon  
Ozark  
Pemiscot  
Ripley  
Taney

**Oklahoma**

Adair  
Deleware  
LeFlore  
McCurtain  
Sequoyah

**Tennessee**

Dyer  
Lauderdale  
Shelby  
Tipton

**Texas**

Bowie

I certify that the dependent child is unmarried and age 23 or younger and has been claimed by me for income tax purposes in the preceding year and will be claimed by me during the time of the tuition waiver. If the child was not claimed by me in the preceding year, the child was claimed by the child's other parent and will be claimed by me in the year of the waiver.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

This form must be submitted each time you enroll at SAU.



Office Use Only	
Business Office authorization	_____
Date	_____
Amount	_____