



HB 851 – Immigrant Student Waiver

Student Name: _____

Term: _____

Student ID#: _____

1. _____ (initial) I understand this fee waiver form must be completed at the start of **each term** in which I plan to register.

2. _____ (initial) I understand this fee waiver form is **only effective for the term listed above**.

3. _____ (initial) I understand the terms and conditions of this fee waiver as listed below:

- Student **must** have attended a Florida secondary school for (3) consecutive years;
- Apply for enrollment in a postsecondary institution within 24 months after graduation; and
- Submit their high school transcript as documentary evidence of attendance and graduation.
- The waiver is applicable for 110 percent of the required credit hours of the degree or certificate progress.

I acknowledge I do not qualify as a Florida Resident for Tuition Purposes for the term I am requesting a waiver for my out-of-state tuition and fees. If I should qualify for a future term, it will be necessary for me to file the required documentation before the beginning of the term to be considered for Florida Residency for Tuition Purposes. I understand that, if this waiver is applied to my account, I may not be eligible for state financial assistance.

Student Signature

Date

Processed by: _____
Student Affairs Staff

Date