In-state residency status for aboriginal residents

Date of Request	term	of 200
 I also understand that: fees and AFEES are not available my waiver applies only to out-of-st I must take at least 3 credits per te 	ate tuition fees	
Tribal membership documentation		Staff initials
ATTACH COPIES OF DOCUMENTS		
Student Name: (Print Name Clearly)	Stude	ent ID#
Student Signature	[Date
**************************************	*******	********
☐ The requested waiver is approved☐ The requested waiver is disapproved becomes	cause	
Director of FA Signature	Date	
**************************************	********	*********
Received on, 2004 Entered into Wolf Trax atAN	<i>I</i> /PM on	_, 200
Initials		

Ref. Admin. Proc.: 01-2006-0022 Rev.: 08-06