Southern Connecticut State University

Waiver Request - Secondary Student

Name of Student:	Student ID#
School District:	High School:
 Courses may be on grou Courses requiring registrest toward the three. 	ollment in up to three courses per high school student.
-	tion and general University fees, registration, transportation and writing center courses held on the University campus or at the high school when taught by
an academic department of the U University's course(s) at the [Na NOTE: Students will be respon	tion, general University fees, and transportation fee for those cases in which inversity authorizes high school faculty member(s) to teach the ame of School/System] under the University department's supervision. asible to pay for fees not covered by the waiver. or free/reduced lunch and therefore will not be responsible to pay any fees
Semester requested 20	
Fall Spring	Summer
signature below also indicates m	s benefit in accordance with the Secondary Student Policy stated above. My y acceptance and understanding that the University will bill me for any tuition he waiver. I certify that my final grades can be sent to my High School
Student Signature	Date
I certify that the above student is above.	eligible for this benefit in accordance with the Secondary Student Policy stated
High School Counselor Signature	e Date
ADMINISTRATIVE USE ON	LY:
Secondary Student Verification:	
Connecticut School Agr	eement, and
Secondary Student Enro	llment Verification
Verified bySCSU ADMINISTR	ATION – ACADEMIC AFFAIRS

Revised 10/21/20