

**Sponsoring Employee** (Required for dependent waivers)

4301 Broadway, Box 308 San Antonio, TX 78209 Phone: (210) 829-6008 Fax: (210) 283-5053 finaid@uiwtx.edu www.uiw.edu/finaid Revised 2/2023 WIF (fund code)

Student Last Name Student First Name Student ID Number

Student East I wille	Stadent I list I tame	Student 15 Trumber
Acknowledge each statement with y	our initials:	
	nitted to Human Resources (HR) for every term /s with other waivers (CIC, CC, tuition exchange) and	
a copy of the sponsoring employee's n	omplete the Free Application for Federal Student A most recent tax return to the Office of Financial A not eligible to submit a FAFSA, therefore the sponse	ssistance to determine eligibility.
The waiver policy follows the aid	year which starts with the Summer I session and	ends with the Spring II session.
Waivers will not be applied until a	all requested documents by the Office of Financia	al Assistance are received and processed.
GPA requirements: undergraduate stud	strate Satisfactory Academic Progress (SAP) to mediants 2.0 and graduate students 3.0. Students must and transfer work) and cannot exceed your degree	t also successfully complete 67% of all
Undergraduate dependents are eli	gible for the waiver up to 18 hours for fall and sp	ring, and up to 12 hours for summer.
Professional Studies (in-class) students	gible for the waiver up to 9 hours for Main Campus, and up to 15 hours for School of Professional S for one waiver per semester up to 9 hours per aca	tudies (online) students, per academic
grants, performance, UIW scholarship	not be eligible to receive any other UIW aid (i.e. bs/discounts) towards tuition. Any UIW aid award will be generated to show acceptance of the waive	ed prior to approval of the waiver will
Dependents of UIW employees, li the cost of the on-campus dorm, but ca	iving on campus, may use their UIW Academic S annot be used for any other costs.	cholarship (if applicable) to assist with
	scholarships and/or the Pell Grant may use their a , etc.), provided all aid fits within the student's ne	
Dependents planning to study abr	oad may contact the Office of Financial Assistance	ce to determine if the waiver will apply.
	,250 per <i>calendar</i> year in waivers for graduate level ntact HR for more information on this requirement	
Your signatur	re verifies you understand the policies outlin	ed in this form.
Student Signature (Required)		ate

Date