

Students enrolled in the Physician Assistant, Physical Therapy, and Occupational Therapy programs are ineligible for the Non-Resident Fee Waiver. Per the LSU System PM 31 guidelines, students with these VISA classifications are also ineligible for a Non-Resident Fee Exemption: B, C, D, F, J, M or Q.

Name : (Please Print) _____ Student ID# _____
Last First Middle Initial

Academic Program: Medical Lab Science Cardiopulmonary Science Communication Disorders

Select one of the statements below and list your Permanent Address

I verify that I am a resident of the state of Arkansas. I verify that I am a resident of the state of Texas.

My Permanent Address is:

Street Address (Do not enter a PO Box Address) City State Zip Code

TERMS AND CONDITIONS OF THE NON-RESIDENT FEE WAIVER

Please initial by each statement

_____ I understand the Non-Resident Fee Waiver exempts me from paying the Non-Resident Fee only which is assessed as a part of my registration fees at LSU Health Sciences Shreveport. I am responsible for paying all other required registration fees by the fee payment deadline for each term.

_____ In order to qualify for the Non-Resident Fee Waiver, my permanent domicile must be within the state of Arkansas or Texas. If I become a Louisiana resident or my permanent domicile changes to a state other than Arkansas or Texas, I must notify the Student Financial Aid Office. I understand that I will become ineligible for the Non-Resident Fee Waiver effective the date of the residency change.

_____ I must meet and maintain the academic progression requirements established by my academic program at the time of the initial award and for each subsequent disbursement. I understand that if I am required to repeat a course, term, or full academic year, I am not meeting the academic progression requirements for my program and am ineligible for the Non-Resident Fee Waiver.

I understand that the information that I have provided regarding my permanent residence is true. If I receive the Non-Resident Fee Waiver based on false information which I provided on this form or my Admission application, I will be responsible for reimbursing LSU Health Sciences Center-Shreveport for all nonresident fees paid by the AHP Non-resident Fee Waiver. I will also be subject to student discipline including suspension and/or expulsion from LSU Health Sciences Center-Shreveport.

Student Signature

Date

<p>Completed by AHP Admissions Office: Student's Start Term and Yr: <input type="checkbox"/> Fall ____ <input type="checkbox"/> Spring ____ <input type="checkbox"/> Summer ____ Signature _____ Date _____</p>	<p>Completed by Student Financial Aid Office: Signature _____ Date _____</p>
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Return complete form to the AHP Admissions Office:

Mailing Address
LSU Health Shreveport
School of Allied Health Professions
Office of Student Affairs / Room 3-342
P.O. Box 33932
Shreveport, LA 71130-3932

Physical Address
LSU Health Shreveport
School of Allied Health Professions
Office of Admissions / Room 3-344
1450 Claiborne Avenue
Shreveport, LA 71103