



ST. BONAVENTURE
UNIVERSITY
Founded 1858

Dear Student:

In order to receive credit for any waivers to which you are entitled, you must complete the following form and submit it to the Office of Admissions. Once this form has been approved by the appropriate departments, credit will be applied to your student account.

❖ Please provide the following information about the REASON for the WAIVER:

- Alumni Privileges (Graduation Date: _____; Degree: _____)
- Friar Concession (Friar's Name: _____
Friar's Address: _____
Your Relationship to Friar: _____)
- Senior Citizen Waiver (Age 60 yrs & Over)
(Date of Birth: _____)

❖ This waiver will be used for (Please check all the appropriate boxes):

- Fall Term 20____
- Spring Term 20____
- Summer Term 20____
- Graduate Tuition
- Undergraduate Tuition

❖ Please print or type the following information:

Your Name: _____

Address: _____

Your Signature

Date

AUTHORIZATION:

Office of Admissions: _____

Date: _____

Office of Financial Aid: _____

Date: _____

____ Sent to the Business Office

Amount of Waiver: _____ Term : _____

**NOTE: THIS FORM MUST BE FILED FOR EACH SEMESTER AND RETURNED TO:
Director of Admissions, St. Bonaventure University, St. Bonaventure, NY 14778**