Departmental Tuition Waiver Authorization Form

Fax completed form to Office of Student Financial Aid (x32350)
or email to finaid@gmu.edu

Use this form for Graduate Assistant Waivers

Academic Term: Summer ☐ Fall ☐ Spring ☐ Year: _____

Contact Person: _____ Extension _____
Department: _____ E-mail _____

Student ID (G#)	Domicile In or Out	Name	Add, Modify, or Delete Waiver?	Total Authorized Tuition Amount

APPROVED/PROCESSED:
I certify that the above requested payment is a waiver awarded to aid the recipient in the pursuit of his/her studies or research. This waiver is solely used to cover tuition and fees at George Mason University.

Name of approving official/Signature — Date

Completed by (Print name if different from contact person)/Signature — Date

FOR USE BY OFFICE OF STUDENT FINANCIAL AID

Entered into Banner by (Print Name)/Signature — Date

Rev 08/04