

Form B

Graduate Opportunity Program (GOP) Tuition Waiver Application

This form must be completed each academic year by the student applicant that is seeking tuition assistance.			
Section I (to be completed by the student applica	nt):		
Last Name	First Name		DOB
E-mail Address		Mobile Num	ber
Address Ci	ty	State	e Zip
Graduate Degree Program		Academic Year	# of semester hours
Expected Graduation Date	_		
Student Signature:		Date:	
FOR EOP OFFICE USE ONLY:			
☐ Funding granted to this student for AY☐ Student not eligible☐ Funding not granted to this student		_	
Comment(s):			
Director's Signature:		Date:	