DIVISION OF JUSTICE STUDIES
MASTER OF CRIMINAL JUSTICE PROGRAM
MASTER OF CRIMINAL FORENSIC STUDIES PROGRAM

Supplemental Tuition Waiver Application

Name _____
(Last) (First) (M.I.)

Address _____

Phone ( ) _____ Email _____

University Identification Number (UIN) _____
Term Applying for: Fall – deadline May 1 _____
Spring – deadline October 1 _____
Summer – deadline March 1_____
Student Status:
Full time _____ Part time _____
In State _____ or Out of State _____ student
Current GPA: _____
Employment Status:
Unemployed _____ Employed full time _____ Employed part time _____

Please provide on a separate page a personal financial narrative that explains your need for the tuition waiver.

Submit Graduate Tuition Waiver Application, Supplemental Department Application and Narrative to: Office of Graduate Studies, FGCU, 10501 FGCU Blvd. South, Ft. Myers, FL, 33965. Phone (239) 590-7988 FAX (239) 590-7843.