



NONRESIDENT PARTIAL TUITION REMISSION APPLICATION FORM for International Graduate Studies Applicants

Demonstrated financial need and superior academic achievement are the primary criteria for initial and renewed awarding of a partial tuition remission. This application is **in addition** to the 4-page "Confidential Declaration of Financial Resources" form that is a part of the admission application packet. Admission, remission applications and financial forms **MUST BE** completed in full for partial tuition remission consideration. All awards are subject to availability based on funding. A committee makes award decisions.. Incomplete remission and admission applications may result in delays for awarding a remission.

Deadlines

Applications are reviewed in conjunction with an admission decision and as such deadlines are variable based on program deadlines. Since awards are determined in a chronological order, the earlier you apply the more likely funding will be available. This is provided you meet the remission eligibility requirements. Applications received after the deadlines will be considered as received and do not get priority consideration.

Name: _____
(please print) Last (family) First Middle

Permanent Foreign Address:

Mailing Address: (from __/__/__ until __/__/__)

Line 1: _____

Line 2: _____

City _____

Province/Territory: _____

Postal/ZIP Code: _____

Country: _____

E-mail Address (if available): _____

Return completed form to: Office of Graduate Studies
 University of Wisconsin Oshkosh
 800 Algoma Blvd., Dempsey 337
 USA

This application is not applicable if you will be a graduate assistant receiving a nonresident partial tuition remission as part of your assistantship.

Instructions

Use the back of this form to give a detailed explanation why you are requesting the partial tuition remission. Submit documentation for circumstances (i.e., government restrictions, currency exchange control, etc.) not already included with family or sponsor financial obligations listed on your "Confidential Declaration of Financial Resources."

I certify the information provided herein is correct and complete. I shall notify the University of Wisconsin Oshkosh of any change in my financial status. Providing false information may jeopardize my visa status and may result in a revocation of admission or prohibit me from enrolling in any classes.

Applicant Signature _____ Date _____

