

**Florida Gulf Coast University
PGA Golf Management
Out-of-State Resident Tuition Waiver Program Application**

Prospective Applicant

Student Currently Enrolled in PGM

Name: _____

UIN #: _____ **Entering Term Fall/Spring & Year):** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone #: _____ **Email:** _____

Please provide the reasons why the waiver is needed and include any unique academic and/or extracurricular accomplishments to date.

Check here to indicate that you have read and agree to the all of the terms for the PGA Golf Management Tuition Waiver Program.

Provide Initials as Applicant Signature: _____ **Date:** ____/____/_____

**Please email the completed application to:
Tara McKenna (tmckenna@fgcu.edu) & Ken Petter (kpetter@fgcu.edu)**

** Note this application is supplemental for Director review. Please complete the FGCU Foundation Application by the appropriate deadlines.

Internal Office Use only

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O/S confirmed: _____

Waiver # _____

Term Start: _____

Ending Term: _____

Approved:

Date: _____

Hours Granted: _____

Eligibility

_____ Academic Yr. re-confirmed: _____

_____ Academic Yr. re-confirmed: _____

_____ Academic Yr. re-confirmed: _____

_____ Academic Yr. re-confirmed: _____

Signature - PGA Golf Management Program Director

Date