Tuition Waiver Program for New Mexico Residents

Student ID #_______________________________

Complete Legal Name:__________________________________________

Last    First    Middle Initial
Independent _______ Dependent _________ (Student is eligible to be claimed as a dependent on parent/legal guardian’s federal income taxes.)

My or my parent/legal guardian’s residence address is:

Number and Street    City    State    County

In order to maintain your eligibility for this waiver, simply refile this form with AskAC every semester and make sure that you meet Amarillo College’s policy for Satisfactory Academic Progress. Please visit the following AC Webpage to learn more about Satisfactory Academic Progress: https://www.actx.edu/fin/satisfactory-academic-progress-policy

I certify the above information is correct and I will notify Amarillo College if there are any changes in the information provided.

__________________________________________
Signature

__________________________________________
Date

Internal Use Only

Last Academic Standing: _______ Semester: _______
Effective Semester: _______ Year: _______
Accepted by: _________ Date:_______