



THE UNIVERSITY OF SOUTHERN MISSISSIPPI ALUMNI ASSOCIATION OUT-OF-STATE FEE WAIVER FOR CHILDREN OF ALUMNI

Please fill out this form completely and return to the address at the bottom of the page.

The University of Southern Mississippi is pleased to make available an Out-of-State Fee Waiver for qualified students who are children of those who either received a degree from Southern Miss or attended Southern Miss at least two years. Application should be made to the Executive Director of the Alumni Association who will certify and process the application for the Out-of-State Fee Waiver.

Any questions can be directed to (601) 266-5013.

REQUIREMENTS

1. Parent(s) must be a current Life Member of the Southern Miss Alumni Association or have paid dues annually for a minimum of 10 consecutive years immediately prior to student's application for out-of-state waiver.
2. Student must meet all admission requirements plus:
 - A: New students must score at least 21 on the ACT or must attain the equivalent score on the SAT (970).
 - B: Returning students must have maintained at least a 2.5 overall GPA **and** must have made at least a 2.5 the previous semester.
 - C: Transfer students must present a transcript proving a 2.5 overall GPA.
 - D: Graduate students must be dependent on parents and must be enrolled in a degree-granting program.

NOTE: Students who fail to meet the 2.5 overall GPA each semester will forfeit the fee waiver until such time as a 2.5 GPA is attained for both the previous semester and for the overall GPA. Signature on this form recognizes the agreement to meet all the requirements for the waiver of out-of-state fees.

PARENT INFORMATION

Social Security Number _____

Name _____
(Name of parent who attended Southern Miss)

Address _____

Home Phone _____

Business Phone _____

Dates attended _____

Graduated Yes No If yes, year of graduation _____

Name used on Southern Miss attendance records _____

Parent signature _____

STUDENT INFORMATION

Social Security Number _____

Name _____

Address _____

Are you a graduating high school senior? _____

ACT score _____ or SAT score _____

Name of high school attended _____

Are you a transfer student? _____

Name of institution _____

Type of institution 2 yr. 4 yr.

Overall grade point average _____

Semester/year to first use this waiver _____

Student signature _____

FOR OFFICE USE ONLY:

VERIFICATION: PAID STATUS _____

STUDENT ELIGIBILITY: _____