

APPLICATION FOR OUT OF STATE TUITION WAIVER

OKLAHOMA PANHANDLE STATE UNIVERSITY

Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Date of Birth _____

First Time Freshman yes no

High School _____ City _____ State _____

Dual Credit/ Concurrent Student yes no

College Attended _____

College Transfer Student yes no

Colleges Attended _____

Classification (circle one) Freshman Sophomore Junior Senior Other

I will be an OPSU Student beginning Fall _____ Spring _____ Summer _____ 20 _____.

Signature _____ Date _____

Please Return To:

Oklahoma Panhandle State University
Office of Admissions
P.O. Box 430
Goodwell, OK 73939

