

Legacy Non-Resident Tuition Waiver Application Form

SEMESTER / YEAR: Fall _____ Spring _____ Summer _____

Name _____
(last name, first name, maiden name if applicable)

Address _____

City _____ State _____ Zip Code _____

Phone _____ Work Phone _____ Emergency Phone _____

Social Security # _____ OR TMP # _____

Name of family member who graduated from UCO _____
(maiden name if applicable)

Relationship to UCO graduate: Parent Grandparent Year parent/grandparent graduated from UCO _____

Mailing address of graduate _____

City _____ State _____ Zip Code _____

Please provide the following documents (copies are sufficient):

- Student's birth certificate Student's Social Security card
- Parent's or Grandparent's birth certificate Parent's or Grandparent's Social Security card

Student Signature _____ Date _____

Enrollment Services _____ Date _____

OFFICE OF UNDERGRADUATE ADMISSIONS
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