



# ENROLLMENT DEPOSIT WAIVER REQUEST

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**Deadline:** Applications to waive the Enrollment Deposit must be submitted by May 1 for fall and December 1 for spring. Please check the box that indicates your reasoning for an Enrollment Deposit waiver:

- I have an exceptionally unusual circumstance that does not allow for payment until the first billing cycle (provide tax data below)
- I have completed the FAFSA and am Pell Grant Eligible OR have completed the financial information at the bottom of this form (provide tax data below)
- I am eligible for the Free/Reduced Lunch Program
- I will use the GI Bill to pay for the enrollment deposit

Students will be notified in writing if their waiver is granted, denied, or if more information is required to make a decision.

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **NUID Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

For Enrollment Deposit Waiver requests based on financial reasons, please provide the following information for the most recent completed tax year. This information will remain confidential.

Current Year	Adjusted gross income	Number of exemptions claimed
_____	Form 1040 - Line 37/Form 1040A - Line 21 Form 1040EZ - Line 4-6d	Form 1040 or 1040A - Line 6d / Form 1040EZ

\_\_\_\_\_ From the tax information above, how many of the persons (not including parents) will be enrolled full-time in college for the upcoming academic year?

Documentation may be required; please respond promptly to any requests for additional information. The signature of the parent/guardian providing the information is required.

- I understand that if this request is granted the Enrollment Deposit will be waived.
- If I choose not to attend UNO, I must cancel my enrollment **by May 1** for fall/summer applicants **or December 1** for spring applicants.

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian daytime phone** \_\_\_\_\_ **Email** \_\_\_\_\_

If applicable, please explain your circumstances that make an Enrollment Deposit refund necessary.

**Options for submitting this completed form:**

1. Email as an attachment to unoadmissions@unomaha.edu
2. Fax to 402.554.2149
3. Mail to: UNO Undergraduate Admissions  
111 Eppley Administration Building  
6001 Dodge Street  
Omaha, NE 68182-0429



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Last Updated: June 2016

**Official Use Only**

<input type="radio"/> Approved	<input type="radio"/> Not Approved	Department	Name (Print)	Signature	Date
_____	_____	_____	_____	_____	_____
Date		Department	Name (Print)	Signature	Date
_____		_____	_____	_____	_____