Hardship Waiver of Tuition and Fees Policy

Fletcher Technical Community College provides continuing students who face financial hardship caused by an increase in tuition and fees, including Academic Excellence and Operational Fees, the opportunity to appeal for a waiver of the increase. The waiver, if approved, will reduce the student’s cost by the amount of the increase for a single semester that they were subject to an increase over the prior year’s rate.

Eligibility for the Tuition/Fee Waiver:
- Have continuing student status, meaning have attended a semester in the immediate prior year and paid tuition and fee charges at that year’s rate.
- Be registered as a full-time student for the semester of the application.
- Have fully satisfied all prior balances on his or her student account.
- Be a Louisiana resident as defined by the College’s residency requirements.
- Have completed the appropriate year’s FAFSA and be considered to be achieving satisfactory academic progress necessary to maintain financial aid eligibility.
- Have unmet need for the amount of direct costs, after applying for and accepting all types of financial aid awarded, including funds from third party sources and other waivers or exemptions.
- No student can receive more than one tuition waiver during any semester.

Waiver application/approval procedures:
- Student must submit a waiver application, with sufficient documentation detailing the circumstances of the hardship, a minimum of one week prior to the tuition due date of the semester of application, to the Financial Aid Office.
- A decision on the application for hardship waiver will be made by the Associate Vice Chancellor for student services or his or her designee, and will be considered final. Students who wish to appeal a determination or sanction beyond the College may do so by submitting a written request for appeal to the Board of Supervisors of the Louisiana Community and Technical College System. Requests for appeal to the LCTCS Board must be made within thirty calendar days of the date of the decision made at the College.
- The process for application for hardship waiver will be posted on the College’s website in accordance with LCTCS policy #5.021.
Hardship Waiver of Tuition and Fees Application

Instructions:
If you meet the requirements of the policy, complete all sections of this form. Submit the completed form to the Financial Aid Office a minimum of one week prior to the payment deadline as published for the semester the waiver is requested. You must have completed payment for all the remaining tuition and fees prior to the fee payment deadline. Notification of eligibility and amounts will be made via your Fletcher email account. If this waiver is approved, the amount would relate to the official approved tuition increase and the Academic Excellence and Operational Fees for the semester you are applying. Another waiver application must be filed for subsequent hardship cases in subsequent semesters.

Name: ______________________________________________ LoLA ID# __________________
Date of Birth: __________ Phone: _______________ Email: __________________

Semester for which a waiver is requested: (Circle one semester and indicate year)

Fall   Spring   Summer   Year: __________

List in detail the hardship (documentable event which prohibits you from paying the additional tuition or mandatory fee amounts) for the semester indicated. Use an additional sheet(s) if necessary. Please provide and attach supporting documentation, to the completed form and submit to the Financial Aid Office.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

By signing below, I certify that all information presented is accurate and correct and I believe that I meet all of the above criteria for the Tuition/Fee Waiver.

____________________________________________________ Date
Student Signature

*********************************************************************************FOR OFFICE USE ONLY*********************************************************************************
Eligible for Financial Assistance: Yes   No
If Yes, List Type(s):
If No, Explain:

__________________________________________________________________________
Financial Aid Counselor Date

☐ APPROVED ☐ DENIED

____________________________________________________
Executive Vice Chancellor