

**Florida Gulf Coast University  
PGA Golf Management  
Out-of-State Resident Tuition Waiver Program Application**

**Prospective Applicant**

**Student Currently Enrolled in PGM**

**Name:** \_\_\_\_\_

**UIN #:** \_\_\_\_\_ **Entering Term Fall/Spring & Year):** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Please provide the reasons why the waiver is needed and include any unique academic and/or extracurricular accomplishments to date.*

**Check here to indicate that you have read and agree to the all of the terms for the PGA Golf Management Tuition Waiver Program.**

**Provide Initials as Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Please email the completed application to:  
Tara McKenna (tmckenna@fgcu.edu) & Mike Padilla (mpadilla@fgcu.edu)**

\*\* Note this application is supplemental for Director review. Please complete the FGCU Foundation Application by the appropriate deadlines.

Internal Office Use only

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O/S confirmed: \_\_\_\_\_

Waiver # \_\_\_\_\_

Term Start: \_\_\_\_\_

Ending Term: \_\_\_\_\_

Approved:

Date: \_\_\_\_\_

Hours Granted: \_\_\_\_\_

**Eligibility**

\_\_\_\_\_ Academic Yr. re-confirmed: \_\_\_\_\_

\_\_\_\_\_ Academic Yr. re-confirmed: \_\_\_\_\_

\_\_\_\_\_ Academic Yr. re-confirmed: \_\_\_\_\_

\_\_\_\_\_ Academic Yr. re-confirmed: \_\_\_\_\_

\_\_\_\_\_  
Signature - PGA Golf Management Program Director

\_\_\_\_\_  
Date