



REQUEST FOR DISTANT EDUCATION SPECIAL TUITION RATE

Instructions: Type or print in ink. Fill out the form completely. Sign and date the form. Mail the form to the address above or fax to 775-673-7028.

Name: _____ SS# or ID#: _____
Last First MI

CURRENT MAILING ADDRESS

Street: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

PERMANENT MAILING ADDRESS (NO P.O. BOXES)

Street: _____

City: _____ State: _____ Zip Code: _____

Semester Applying For: _____ E-mail: _____

ACKNOWLEDGEMENT OF DISTANT EDUCATION SPECIAL TUITION RATE

I understand that I have requested classification as a distant education only student for the special tuition rate. I understand that this is a temporary rate for students who physically live outside of Nevada and is effective only for the semester in which I am applying. I understand that I must re-apply each semester for the Distant Education Special Tuition Rate and that the rate may change each semester. I understand that I may take Web-based distant education courses only, that taking any other type of course in a semester will result in the recalculation of all my fees in that semester to my current residency classification, and that I will be required to pay all fees at the recalculated rate. I understand that I will be responsible for all fees incurred, which may include but is not limited to payment of non-resident tuition, as a result of any recalculation of fees. I understand that the request for the Distance Education rate must be received by the Admissions office before the beginning of the semester for which the discount is requested.

Student's Signature: _____ Date: ____/____/____

For office use only:

Authorizing official's remarks

Approved: _____

Denied: _____

Date: _____