

Instructor Waived Tuition Scholarship Form

GL#5500 One Form Per Student

Name of Class: _____

Name of Instructor: _____

Semester: _____

Student's Name: _____

Student's Address: _____

Student's Phone: _____

Amount of Scholarship

Please deduct this amount out of my instructor's pay to be credited to the above student's account.

Signature of Instructor

Date

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