University of the Incarnate Word Office of Financial Assistance Waiver Information Form

4301 Broadway, Box 308 San Antonio, TX 78209 Phone: (210) 829-6008 Fax: (210) 283-5053 finaid@uiwtx.edu www.uiw.edu/finaid Revised 2/2023

Student Last Name	Student First Name	Student ID Number
Acknowledge each statement with you	ır initials:	
	tted to Human Resources (HR) for every term /sem ith other waivers (CIC, CC, tuition exchange) are a	1 0 1
Each year, students		