2026-2027 Application to Waive Audit Fee

Non-Discrimination Statement

It is the policy of Aquinas College, while reserving its lawful rights where applicable, to take actions designed to promote the Dominican and Roman Catholic principles that sustain its mission and heritage and to comply with federal and state laws prohibiting discrimination in employment and in its educational programs. Aquinas College admits qualified students of any race, color, ethnicity, sex, national origin, citizenship, disability, genetic information, veteran status, age, or any other legally protected class, who desire to be part of the faith-based mission of the College to all the rights, privileges, programs and activities generally accorded or made available to students at the College. It does not discriminate based on these protected characteristics in administration of its education policies, admission policies, scholarships and loan programs. Aquinas College does not participate in Federal Title IV or Title IX funding, nor receive and process Institutional Student Information Records (ISIRs); therefore, Aquinas College students are not able to receive federal or state of Tennessee grants and scholarships. Aquinas College reserves all rights and protections granted to it in the area of admissions by applicable laws and constitutional provisions in furtherance of its religious objectives.

Aquinas College reserves the right in employment decisions to give preference to a qualified member of the St. Cecilia Congregation. If no qualified member of the Congregation is available for an open position, preference will be given to qualified practicing Catholics. The College requires all employees as a condition of employment to be consistent at all times, in example and expression, with the tenets and morals of the Roman Catholic Faith and to sign a Witness Statement, a document affirming explicit support of the Catholic Church in the context of the Aquinas College mission.

1. **Full Name:** _____
2. **Contact Phone Number:** _____
3. **Email Address:** _____
4. **Permanent Address:** _____

   _____
5. **Academic Semester** ☐ Fall ☐ Spring
6. **Are you requesting a full or partial waiver of audit fees?** ☐ Full ☐ Partial

   If partial, please list amount of request: _____

Reason for Requesting Waiver of Audit Fee (Brief Explanation):

_____

_____

_____

Applicant's Signature: _____Date:_____

_____

For Office Use Only

Verified By: _____ **Date:** _____

Remarks / Decision: ☐ Approved ☐ Denied ☐ Pending

Amount Approved: _____

Authorized Signatory: _____