

Teach Grant Waiver

By marking this box, I authorize that I wish to waive Teach Grant consideration for the current aid year (as identified by the signature date of this application).

Student Name: _____ CSP Student ID #: _____

Student Signature: _____ Date: _____

Complete and return this form to:

Concordia University
Student Financial Services Office
1282 Concordia Avenue
St. Paul, MN 55104
FAX: (651) 603-6298