



Application Fee Waiver Request

IMPORTANT: In order to expedite your waiver request, please complete this entire form. ALL sections of this form are required, including the name and signature of a school counselor or community leader. Incomplete forms cannot be processed.

Date _____

Full Student Name _____

Date of Birth* _____

Request for waiver is based on:

(check where applicable)

Approved fee waiver from ACT or SAT *(please attach)*

Student is eligible for the free lunch program.

Request from high school principal, high school counselor, financial aid officer, or community leader. Given my knowledge of this student's family circumstances, I believe that providing the application fee would present a hardship.

Student participates in a federally funded TRIO program such as Upward Bound.

Other *(please explain below)*

Explanation:

The counselor/community leader's personal knowledge of family circumstances may allow for extenuating judgment beyond family income criteria.

Signature of student

Name of counselor/community leader *(please print)*

Name of secondary or post-secondary school *(please print)*

Title of counselor/community leader *(please print)*

Signature of counselor/community leader



Return this form to:
University of Minnesota Rochester
Office of Admissions
300 University Square
111 South Broadway
Rochester, MN 55904

* Submission of date of birth is voluntary and will be used for positive identification only. There are no consequences for not providing this information.