

## Application Fee Waiver Request

### University of Wisconsin System Undergraduate Application for Admission

Each undergraduate application submitted to a UW System campus requires a \$44 application fee; the fee for UW-Madison is \$50. A limited number of application fee waivers are available for applicants with extreme financial hardship. To request a waiver, submit this form to the Office of Admissions at the campus(es) to which you are applying. Your request will be reviewed.

**APPLICANT** (To be completed by the individual applying for admission.)

Applicant Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last (Family) \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Area Code & Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

Please state the reasons you are requesting a waiver.

I certify that the information in this form is true and correct to the best of my knowledge, and that payment of the application fee would pose a financial hardship. I authorize the Financial Aid Office to release information relating to my financial need to the Office of Admissions if requested.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if applicant is under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFYING OFFICIAL** (To be completed by a school or agency official who can verify financial hardship.) If you are in high school, ask your counselor or principal to complete the information below. If you have graduated from high school, ask an agency or university official to complete

Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_

Name of School/Agency/Educational Institution: \_\_\_\_\_

Area Code & Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please state your knowledge of the financial need of the applicant. (Examples of financial hardship may include, but not be limited to, unemployment (of parent/guardian if dependent, or of self if independent); participation in a free or reduced lunch program; and/or low income in relation to family size.

Signature of Verifying Official: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Admissions Official: \_\_\_\_\_ Date: \_\_\_\_\_  Waiver Granted  Waiver Denied

Comments: