



**UNDERGRADUATE APPLICATION  
FEE WAIVER REQUEST**

**OFFICE OF ADMISSIONS**  
1 University Parkway  
University Park, IL 60484-0975

To be considered for a waiver of the application fee, this form must be authorized by a high school counselor; financial aid officer; or social worker, and submitted by the application deadline for the term indicated. Final approval will be determined by the Office of Admissions and/or the Office of Financial Aid.

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To: Office of Admissions, Governors State University

I recommend an application fee waiver for the following student:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

SSN (optional) \_\_\_\_\_

For the  Fall  Spring term \_\_\_\_\_ (year) ID# (if known) \_\_\_\_\_

The family has extreme financial difficulty due to one or more of the following reasons:

- Family receives public assistance, verified by a public aid or Medicaid card which I have seen.
- The expected family contribution toward the student's college education is \$0 verified by the Office of Financial Aid at the institution that has the student's most recent FAFSA information.
- Parents/Guardians are unemployed
- Student is a participant in the free or reduced lunch program
- Other: \_\_\_\_\_

**I have verified that this student qualifies for the reason(s) indicated above.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

School, Agency or Institution: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Return to: Office of Admissions (D1400)  
1 University Parkway  
University Park, Illinois 60484  
Or email form to [admission@govst.edu](mailto:admission@govst.edu)

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