



**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.

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

For Office Use Only