REQUEST FOR WAIVER OF UNDERGRADUATE APPLICATION FEE

Recognizing that the undergraduate application fee may constitute a barrier to some students seeking admission, the University has developed a procedure for requesting a fee waiver. The outlined requirements reflect the guidelines established by the National Association for College Admission Counseling.

ELIGIBILITY REQUIREMENTS
To qualify for a fee waiver, students must demonstrate economic need by meeting one of the following:

☐ Student has received or is eligible to receive an ACT or SAT testing fee waiver.
☐ Student is enrolled in or eligible to participate in the Federal Free or Reduced Price Lunch program (FRPL).
☐ Student’s annual family income falls within the income Eligibility Guidelines set by the USDA Food and Nutrition Service.
☐ Student is enrolled in a federal, state or local program that aids students from low-income families (e.g., TRIO programs such as Upward Bound).
☐ Student’s family receives public assistance.
☐ Student lives in federally subsidized public housing, a foster home or is homeless.
☐ Student is a ward of the state or an orphan.
☐ Other request from high school principal, high school counselor, financial aid officer, or community leader: Given my knowledge of this student’s family circumstances and after reviewing the eligibility requirements, I believe that providing the application fee would present a hardship. Explanation:

___________________________________________________________________________________________
___________________________________________________________________________________________

STUDENT CERTIFICATION STATEMENT: I certify that I understand and meet at least one of the eligibility requirements to request a waiver of the undergraduate application fee.

___________________________________________________________________________________________
Student Name (Print or Type)       Date of Birth (MM/DD/YYYY format)       Phone Number

___________________________________________________________________________________________
Student’s Signature       Date

AUTHORIZED OFFICIAL CERTIFICATION STATEMENT: I certify that the student named on this form meets the indicator(s) of economic need checked above.

___________________________________________________________________________________________
Name of Authorized Official       Name of Agency/School

___________________________________________________________________________________________
Authorized Official’s Signature       Agency/School Phone Number       Date

The completed fee waiver request should be sent to SIUE Office of Undergraduate Admissions, Campus Box 1600, Edwardsville, IL, 62026-1600. **This request is only valid if at least one eligibility requirement is checked above and all information including signatures for both the student and authorized official are provided.** For questions or assistance with this process, please contact the Office of Undergraduate Admissions at (800) 447-SIUE or (618) 650-3705 and admissions@siue.edu.