



**UNDERGRADUATE APPLICATION
FEE WAIVER REQUEST**

OFFICE OF ADMISSIONS
AND RECORDS (MC 018)
University of Illinois at Chicago
Box 5220
Chicago, Illinois 60680-5220

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

To: Director of Admissions and Records, University of Illinois at Chicago

I recommend an application fee waiver for the following student:

Name: _____ Date of Birth _____

SSN (optional) _____

For the Fall Spring term _____ (year) UIN (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.
- Student qualifies for the free (not reduced) federal lunch program.
- 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.

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

Name: _____ Title: _____

Signature: _____

School, Agency or Institution: _____

Date: _____ Telephone: _____

Return to: Director of Admissions and Records
The University of Illinois at Chicago
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