



Request for Undergraduate Application Fee Waiver

University of Wisconsin-Milwaukee
Office of Undergraduate Admissions

PLEASE PRINT

Name: _____ Social Security Number: XXX - XX -
(Last four digits only)

Address: _____

City/State/Zip: _____

Term applying for: Fall 20__ UWinterIM 20__ Spring 20__ Summer 20__

Type of applicant: New Freshman New Transfer Other: _____

High school graduation date: _____ Birth date: _____
Month/Year

Please state in detail your specific reason(s) for requesting this waiver of the undergraduate application fee.

Fee waivers are only valid for one semester. If you choose to delay admission, you must submit another fee waiver request.

Fee waivers are granted solely on the basis of financial need. Examples that show financial need include, but are not limited to, unemployment of parent/guardian, being on the school reduced- or free-lunch program, and underemployment in relation to family size.

Please be specific in stating your reason for requesting a waiver. Fee waivers will not be granted to applicants who do not demonstrate financial need.

Please make sure you provide the appropriate signatures on the next page.

I certify that all statements made on this application are true. I hereby consent to release of my financial aid and/or other educational records to the appropriate officials at the University of Wisconsin-Milwaukee as may be necessary to confirm my financial need and inability to pay this fee.

Student Signature

Date

Parent Signature (required if applicant is under age 18)

Date

Guidance Counselor Endorsement
(to verify that applicant is on school reduced- or free-lunch program)

Date

Guidance counselor comments: _____

Send completed form to:

Office of Undergraduate Admissions
University of Wisconsin-Milwaukee
PO Box 749
Milwaukee, WI 53201-0749

or

Fax to: 414/229-3788

OFFICE USE ONLY

Waiver Recommended

Waiver Granted

Recommendation Withheld

Waiver Refused

Comments: _____

Comments: _____

