



Public Health & Professional Degree Programs

FEE WAIVER APPLICATION REQUEST

PERSONAL INFORMATION

Student Name:
Address:
City/State: Zip Code:
Email:
Phone Number:
TUSM Degree Program:

FEE WAIVER TYPE

Financial Need: Military: Peace Corps: McNair Scholar Program: AmeriCorps: City Year:

Admissions Fee Waiver Card:

INSTRUCTIONS

Please append one of the following to this form:

- 1. Copy of GRE Fee Reduction Certificate affixed with an official school stamp or seal and signed by the appropriate school official at the institution you currently attend.
2. A statement of need verifying your Estimated Family Contribution (EFC) signed by you and a financial aid officer at the institution you currently attend.
3. A letter from an official of the list of eligible programs documenting the dates of your application.
4. The fee waiver card given to you by a PHPD Admissions Staff Member.

Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Decision: [] Approved [] Denied

Approvers Signature: _____

Date: _____