



Office of Financial Assistance
GRADUATE SCHOOL APPLICATION FEE
WAIVER REQUEST

Please print your name and local address below:

Date: _____

Three horizontal lines for name and address input.

BU I.D. or S. S. #:

Grid of boxes for BU I.D. or S. S. # input.

Local Telephone #:

Grid of boxes for local telephone number input.

School/College: _____

Graduation Year: _____

Are you presently receiving financial aid at Boston University? Yes ___ No ___
(i.e.: Grants, Scholarships, Perkins and/or Stafford Loan, Work-Study)

Student Signature: _____

Note: Only students who are receiving financial aid and have a current academic year calculated family contribution less than \$2,000 will be considered for a fee waiver.

Office of Financial Assistance
USE ONLY BELOW THIS LINE

Application fee waiver approved. Letter enclosed.

Application fee waiver denied for the following reason(s):

You are not receiving financial aid for the current academic year.

Your family contribution, calculated in accordance with federal regulations, exceeds the \$2,000 maximum limit established for the current academic year.

Reviewed by: _____
Graduate School Application Fee
Waiver Coordinator

Date: _____