



REQUEST FOR GRADUATE RECORD EXAMINATION (GRE) FEE REDUCTION

PLEASE PRINT NAME AND LOCAL ADDRESS

DATE _____

SS# _____-_____-_____

SCHOOL _____

GRAD. YEAR _____

LOCAL PHONE _____

• Are you currently receiving financial aid at Boston University? YES ___ NO ___

• This fee reduction will be used for the following test(s):

Computer-Based General Test ___ Paper-Based General Test* ___ Subject Test ___

*Offered ONLY in areas where the computer-based test is not available

Please note: Eligible students may receive only one reduction. Although the initial reduction can be used for taking the General Test and/or the Subject Test, students who wish to repeat a test are not eligible for a second reduction.

STUDENT ELIGIBILITY:

The GRE Board provides GRE Fee Reduction Certificates for students who meet the conditions of eligibility. All requests are reviewed under guidelines established by the Educational Testing Service, Princeton, NJ. *To qualify for a fee reduction, all three requirements for eligibility must be met.* To qualify, a student must be:

1. a U.S. citizen or resident alien; **and**
2. a college senior receiving financial aid through an undergraduate college in the U.S., a U.S. Territory, or Puerto Rico, or a returning unenrolled college graduate who has applied for financial aid; **and either**
3. a dependent college senior whose Institutional Student Information Report (ISIR) shows a parental contribution of not more than \$1,400 for the senior year, **or**
 - a self-supporting college senior whose ISIR shows a contribution of not more than \$1,800 for the senior year, **or**
 - an unerolled college graduate whose ISIR or Student Aid Report (SAR) indicates self-supporting status and a contribution of not more than \$1,800.

DO NOT SUBMIT THIS FORM UNLESS YOU MEET ALL THREE ELIGIBILITY REQUIREMENTS.

If a fee reduction is approved, the fee reduction voucher will be mailed to you within 7 business days, unless you check this box: to indicate that you would like us to hold the voucher for you to pick up.

Return to: Office of Financial Assistance, 881 Commonwealth Ave., Boston, MA 02215 or by fax to 617-353-8200.

PLEASE DO NOT WRITE BELOW THIS LINE

_____ Fee Reduction approved.

_____ Fee Reduction denied because you did not meet all three of the eligibility requirements listed above. Specifically No(s): _____.

Reviewed by _____ DATE _____

GRE Fee Reduction Coordinator