



TRANSFER APPLICATION FEE WAIVER REQUEST

Office of Undergraduate Admissions (MC 018)
University of Illinois at Chicago
1200 West Harrison Street, Suite 1100
Chicago, IL 60607-7161

To be considered for a waiver of the application fee, this form must be authorized by a 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 Office of Admissions and/or the Office of Financial Aid.

To: Office of Admissions, University of Illinois at Chicago

I recommend an application fee waiver for the following student:

Name: _____ Date of Birth: _____

For the: Fall Spring term _____ UIN (if known): _____
year

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.
- 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: _____

For Office Use Only

Return to:

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Last Updated: 2/2016

