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